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NURSING CARE HOUR STANDARDS STUDY  
HCSD Report #81-009  
Part I - Section B

Book 2 of 4 Books

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HCSD Report #81-009 (Part I - Section B)

Nursing Care Hour Standards Study: Part I ~ Section B.  
Patient Classification System Model Development,

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NURSING CARE HOUR STANDARDS: PART 1 - SECTION B: PATIENT CLASSIFICATION  
SYSTEM MODEL DEVELOPMENT

1. Phase Three: Direct Nursing Care Activities Frequency Survey.

1.1 Objectives.

The purpose of phase three was for documentation of direct care requirements. The objectives for phase three were:

- (a). To determine the direct nursing care requirements for variable groups of inpatients.
- (b). To establish categories of care for critical care, medical/surgical, obstetrics, psychiatric, neonatal, and pediatric inpatients.

1.2 Methodology.

In phase three, direct nursing care activity frequency surveys were conducted in four medical treatment facilities ranging in size from 190 to 530 inpatient beds. The following medical treatment facilities were utilized for phase three study efforts:

<u>CODE NUMBER</u>	<u>MEDICAL TREATMENT FACILITY</u>	<u>NUMBER OPERATING BEDS</u>
01	Brooke Army Medical Center	530
02	Fitzsimons Army Medical Center	475
03	Eisenhower Army Medical Center	325
15	Darnall US Army Community Hospital	190

The patients' needs for direct care were documented by panels of professional nurses designated as experts, who were considered to have the ability to render the most valid judgement regarding the direct nursing care requirements. Each expert panel was composed of three to four professional nurses. The care requirements were determined retrospectively to capture all of the direct nursing care requirements for the 24-hour time frame. The study project officer was an ongoing member for each of the panels of professional nurses utilized in rating the direct care. The project officer was therefore able to provide needed clarification and support to the panel members.

1.3 Data Collection Instruments.

The data collection instruments were designed utilizing the data generated during phase one of the study. The first data collection instrument, AHS Form 326a (OT), 1 Nov 78 (Appendix A), was utilized during the initial data collection. With experience the instrument was redesigned to increase readability and feasibility with respect to time and utility. These revisions provided four instruments for the recording of the frequency rates for each required direct nursing care activity. The data collection instruments (Appendix B - E) developed were:

AHS Form 326a (OT) rev 18 Sep 79, Direct Nursing Care Tasks - Frequency Rate Requirements for Critical Care and Medical/Surgical.

AHS Form 326a (OT) rev 6 Sep 79, Direct Nursing Care Tasks - Frequency Rate Requirements for Obstetrics.

AHS Form 326a (OT) rev 18 Sep 79, Direct Nursing Care Tasks - Frequency Rate Requirements for Psychiatry.

AHS Form 326a (OT) rev 6 Sep 79, Direct Nursing Care Tasks - Frequency Rate Requirements for Neonatal and Pediatrics.

#### 1.4 Data Collection.

The data collection period covered a period of 6 months, beginning in June 1979 and ending in November 1979. A total of 720 inpatients in the various groups were rated for the documentation of direct care requirements. The data collection schedule was established for the six month rating period and these schedules with dates and times were provided to each member of the expert panel. The selection of inpatients for review by each convened panel was completed by the head nurse for the clinical unit prior to the data collection time.

#### 1.5 Data Analysis.

The data generated during these study efforts were analyzed to establish the direct nursing care activity frequency distribution, absolute frequency distribution by cases and adjusted frequency distribution by percent of cases. In addition, descriptive statistics were utilized for the determination of range, mean and variance for each direct nursing care activity for the four clinical areas as follows: a) critical care and medical/surgical; b) obstetrics; c) psychiatry; and d) neonatal and pediatrics (Appendix F - I).

The next step in the data analysis was to compute the hours of care required for inpatients utilizing the data generated during phases two and three. To compute the hours of direct nursing care required for critical care, medical/surgical, obstetric, psychiatric, neonatal, and pediatric clinical services the following elements were utilized: (a) documented direct care requirements for each inpatient; (b) minimal essential mean tasking time for each direct nursing care activity; and (c) mean number of personnel required to perform direct nursing care activities. Utilizing these findings the categories of care were established by calculating the total hours of direct nursing care for each of the 720 cases, and then plotting these cases on a frequency distribution of hours of direct nursing care required within a 24-hour time frame. The distribution of data were then analyzed for groupings of cases and categories of care were established around these groupings.

#### 1.6 Findings.

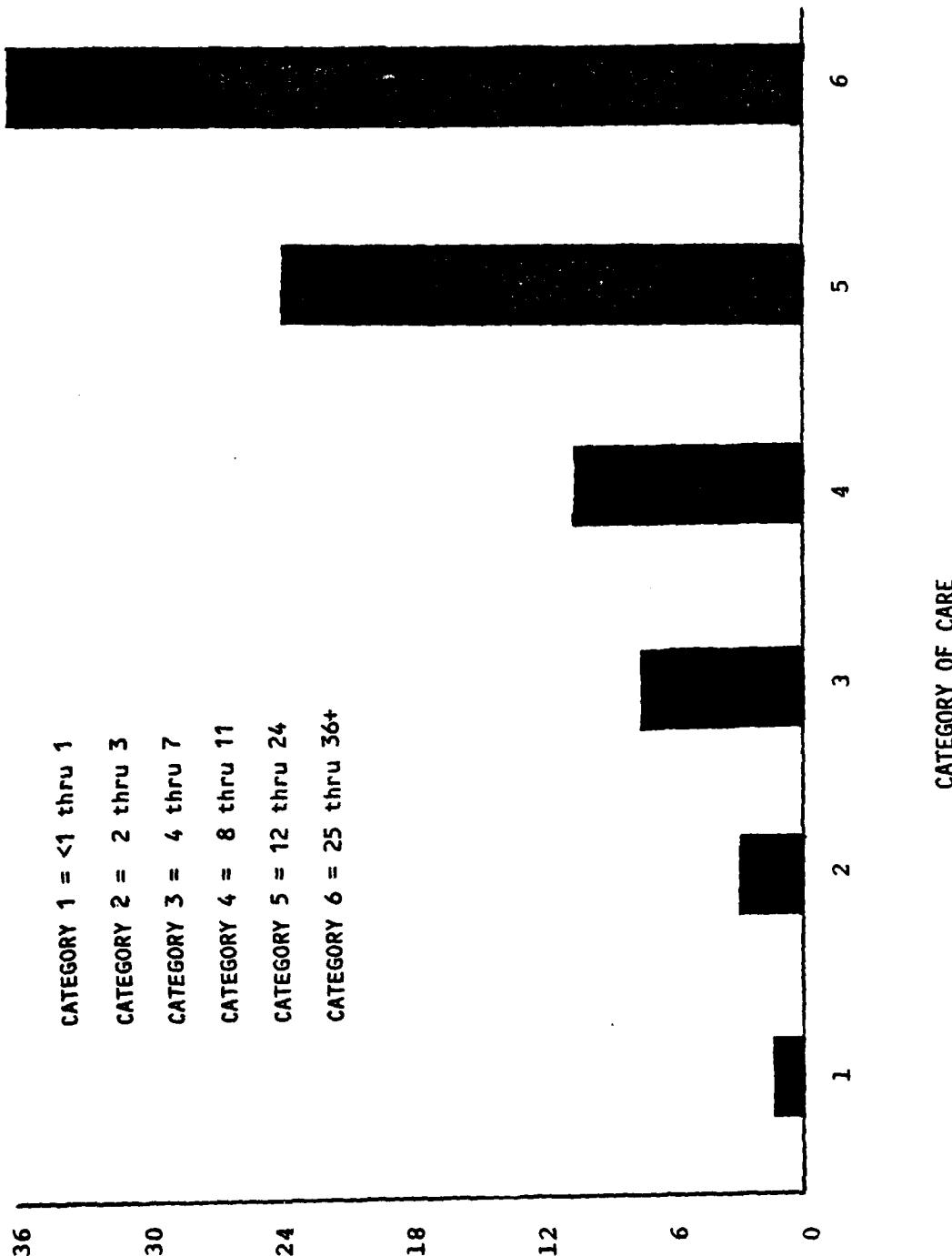
A relevant number of categories of care were determined and boundaries defined resulting in the category scale illustrated in figure 1, which displays the categories of care by hours of care for the 24-hour time frame.

CATEGORY SCALE

CATEGORY 1 = <1 thru 1  
CATEGORY 2 = 2 thru 3  
CATEGORY 3 = 4 thru 7  
CATEGORY 4 = 8 thru 11  
CATEGORY 5 = 12 thru 24  
CATEGORY 6 = 25 thru 36+

HOURS OF CARE PER 24-HOUR TIME FRAME

FIGURE 1



It must be emphasized that the automated system required the development of a single category scale for critical care, medical/surgical, obstetrics, psychiatry, neonatal, and pediatrics. This requirement for a single uniform categorization scale was essential for this patient classification system to interface with the Uniform Chart of Accounts - Personnel Utilization System (USAPERS). UCAPERS placed limitations on the number and class intervals for the category scale. As has been presented, the distribution of data were analyzed for groupings of cases and categories of care were established around these groupings. However, the limitations of UCAPERS required that category boundaries be enlarged for obstetrics, psychiatry and pediatrics. In redefining the category scale the impact of these changes was carefully considered. Having considered the total impact of the changes upon the patient classification system it was determined the overall impact would be negligible, as the design of the patient classification system utilized the total score as the determinant for manpower requirements, and not the category of care. It must be clearly emphasized that in this patient classification system the category of care scale only provided a means for reporting of hours of care required for the twenty-four hour time frame. The rational for the design of the patient classification subsystems is presented in detail in Part II through Part VII of this study.

**APPENDIX A**

**Data Collection Instrument AHS Form 326a (OT), 1 Nov 78**  
**Direct Nursing Care Tasks - Frequency Rate Requirements**

**DATA COLLECTION INSTRUMENT**  
**DIRECT NURSING CARE TASKS - FREQUENCY RATE REQUIREMENTS**

DATE: \_\_\_\_\_ RATER'S NAME \_\_\_\_\_ RANK/GRADE \_\_\_\_\_ MOS \_\_\_\_\_

CLINICAL SERVICE(S) CODE:   +

1 ←

- |   |                    |
|---|--------------------|
| 01 MEDICAL INTENSIVE CARE                 | 08 PEDIATRICS      |
| 02 SURGICAL INTENSIVE CARE                | 09 NEWBORN NURSERY |
| 03 THORACIC-CARDIOVASCULAR INTENSIVE CARE | 10 OBSTETRICS      |
| 04 CORONARY CARE                          | 11 GYNECOLOGY      |
| 05 NEUROSURGERY INTENSIVE CARE            | 15 MEDICINE        |
| 06 PEDIATRIC INTENSIVE CARE               | 16 SURGERY         |
| 07 NEONATAL INTENSIVE CARE                | 18 PSYCHIATRY      |

COLLECTION SCHEDULE CODE:

5 ←

1=Monday, 2=Tuesday, 3=Wednesday, 4=Thursday, 5=Friday, 6=Saturday, 7=Sunday

MEDICAL TREATMENT FACILITY CODE:

6 ←

- |                                    |                                 |
|------------------------------------|---------------------------------|
| 01 Brooke Army Medical Center      | 15 Darnall Army Hospital        |
| 03 Eisenhower Army Medical Center  | 19 Silas B. Hayes Army Hospital |
| 04 Letterman Army Medical Center   | 22 Reynolds Army Hospital       |
| 08 Wm Beaumont Army Medical Center | 27 Fort Stewart Army Hospital   |
| 10 Martin Army Hospital            |                                 |

PATIENT'S AGE CODE:   YRS   MOS   DAYS

8      10      12 ←

Inpatient's Card

For 1-30 days, record in DAYS  
 For 1-11 months, record in MONTHS  
 For 1-100+ years, record in YEARS  
 (maximum "99")

PATIENT'S SEX CODE:

14 ←

1 = Male, 2 = Female

NUTRITIONAL NEEDS:

Feeding	0	2	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Fluids	0	2	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Snacks	0	2	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Serving Meal Trays (Preparation Required)	0	2	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Serving Meal Tray (No Preparation Required)	0	2	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Special Feedings: Nasogastric	0	2	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Special Feedings: Gastrostomy	0	2	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Special Feedings: Hyperalimentation	0	2	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Special Feedings: Nasogastric-Continuous with IMED/IVAC/HOLDER Pump	0	2	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Special Feedings (Nasogastric)-Continuous with Gastric Feeding Equipment	0	2	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Measuring and Recording Intake	0	2	0	8	<input type="checkbox"/>	<input type="checkbox"/>

ELIMINATION:

Measuring and Recording Output: Urine	0	3	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Measuring and Recording Output: Liquid Feces	0	3	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Measuring and Recording Output: Vomitus	0	3	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Measuring and Recording Output: Drainage Bottles/All Types	0	3	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Output Weight: Diapers/Bed Linens	0	3	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Giving a Bedpan	0	3	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Giving a Urinal	0	3	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Incontinent Care	0	3	0	7	<input type="checkbox"/>	<input type="checkbox"/>

## PHYSIOLOGICAL PARAMETERS:

### VITAL SIGNS:

Blood Pressure	0	8	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Pulse: Radial	0	8	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Pulse: Apical	0	8	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Pulse: Pedal	0	8	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Pulse: Doppler	0	8	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Rectal/Axillary Temperature, Apical Pulse, & Respiration Rate (Pediatrics)	0	8	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Respirations	0	8	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Temperature: Oral (Electronic)	0	8	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Temperature: Rectal (Electronic)	0	8	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Temperature: Axillary (Electronic)	0	8	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Oral Temperature, Pulse, & Respirations	0	8	0	8	<input type="checkbox"/>	<input type="checkbox"/>

### BODY WEIGHT/SELECTED MEASUREMENTS:

Ambulatory Weight	0	9	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Bed Scale Weight/Adult	0	9	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Girth Measurement/Adult	0	9	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Extremity Circumference Measurement/Adult	0	9	0	4	<input type="checkbox"/>	<input type="checkbox"/>

Saline Irrigation (Gastric)	1	3	1	4	<input type="checkbox"/>	<input type="checkbox"/>
Enema: Cleansing	1	3	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Enema: Retention (Fleets)	1	3	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Fecal Impaction-Assessment/Removal	1	3	1	2	<input type="checkbox"/>	<input type="checkbox"/>
Colostomy: Irrigation	1	3	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Colostomy: Change Dressing	1	3	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Ileostomy/Ileoconduit (Dressing Change)	1	3	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Lavage/Assisting Physician	1	3	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Paracentesis/Assisting Physician	1	3	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Endoscopy /Assisting Physician	1	3	1	3	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>RESPIRATORY:</u></b>						
Oxygen Administration: Nasal	1	4	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Administration: Mask	1	4	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Administration: Prongs	1	4	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Administration: Mist with collar/ Face Tent	1	4	2	4	<input type="checkbox"/>	<input type="checkbox"/>
Croup Tent	1	4	2	5	<input type="checkbox"/>	<input type="checkbox"/>
Endotracheal/Tracheostomy Tube Pressure Cuff	1	4	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Changing Tracheostomy Tube	1	4	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning Tracheostomy Cannula	1	4	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Changing Tracheostomy Dressing	1	4	2	3	<input type="checkbox"/>	<input type="checkbox"/>
Chest Tube Care	1	4	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Changing Chest Bottles	1	4	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pulmonary Therapy: Frappage	1	4	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pulmonary Therapy: Postural Drainage	1	4	1	0	<input type="checkbox"/>	<input type="checkbox"/>
IPPB Treatments	1	4	1	5	<input type="checkbox"/>	<input type="checkbox"/>
Maximist Treatment	1	4	2	7	<input type="checkbox"/>	<input type="checkbox"/>
Blow Bottles	1	4	1	8	<input type="checkbox"/>	<input type="checkbox"/>
Cough and Deep Breathe	1	4	1	9	<input type="checkbox"/>	<input type="checkbox"/>
Incentive Spirometer	1	4	2	0	<input type="checkbox"/>	<input type="checkbox"/>

Cardiopulmonary Resuscitation  
 Cardioversion/Assisting Physician  
 External Pacemaker/Assisting Physician  
 Rotating Tourniquets  
 Elastic Stockings  
 Ace Bandages

1	5	2	2		
1	5	2	3		
1	5	2	1		
1	5	2	4		
1	5	1	2		
1	5	1	3		

SKIN:

Decubitus Care  
 Skin Care  
 Suture or Skin Clip Removal (15 or More)  
 Suture or Skin Clip Removal (Less Than 15)  
 Dressing Change: Small, less than 4" x 8"  
 Dressing Change: Large, 4" x 8" or greater  
 Reinforcing Dressing  
 Wound Irrigation  
 Soaking Hand  
 Soaking Foot  
 Hot Compresses: One application  
 Hot Compresses: Continuous Applications  
 Cold Compresses  
 Sitz Bath  
 Surgical Prep (Local)  
 Surgical Prep (3-Way)  
 Wound Culture  
 Heat Lamp  
 Back Rub  
 Air Floatation/Alternating Pressure Mattress:  
     Application  
 Isolation/Dressing/Undressing (Gown/Gloves)  
 Death Care

1	6	0	1		
1	6	0	2		
1	6	0	3		
1	6	2	2		
1	6	0	4		
1	6	0	5		
1	6	0	6		
1	6	0	7		
1	6	0	8		
1	6	0	9		
1	6	1	0		
1	6	1	8		
1	6	1	1		
1	6	1	2		
1	6	1	3		
1	6	1	4		
1	6	1	5		
1	6	1	6		
1	6	1	7		
1	6	1	9		
1	6	2	0		
1	6	2	1		

Urine Specimen: Routine

1	9	0	4		
---	---	---	---	--	--

Urine Specimen: Clean Catch

1	9	0	5		
---	---	---	---	--	--

Perineal Care

1	9	0	6		
---	---	---	---	--	--

Douche

1	9	0	8		
---	---	---	---	--	--

Dilatation and Curettage/Assisting Physician  
or Evacuation

1	9	0	9		
---	---	---	---	--	--

Vaginal/Pelvic Examinations/Assisting Physician

1	9	1	0		
---	---	---	---	--	--

Urinary Bladder Training

1	9	1	1		
---	---	---	---	--	--

BODY TEMPERATURE REGULATION:

Sponging

2	0	0	1		
---	---	---	---	--	--

Hypothermia Treatment

2	0	0	2		
---	---	---	---	--	--

MEDICATION ADMINISTRATION:

Oral

2	1	0	1		
---	---	---	---	--	--

Intramuscular

2	1	0	2		
---	---	---	---	--	--

Subcutaneous

2	1	0	3		
---	---	---	---	--	--

Suppositories Rectal/Vaginal

2	1	0	4		
---	---	---	---	--	--

Topical

2	1	0	5		
---	---	---	---	--	--

Sublingual

2	1	0	6		
---	---	---	---	--	--

DIAGNOSTIC TESTS:

Bone Marrow Aspiration/Assisting Physician

2	2	0	1		
---	---	---	---	--	--

Lumbar Puncture/Assisting Physician

2	2	0	2		
---	---	---	---	--	--

Liver Biopsy/Assisting Physician

2	2	0	8		
---	---	---	---	--	--

Urine Testing: Protein

2	2	0	4		
---	---	---	---	--	--

Urine Testing: Specific Gravity

2	2	0	6		
---	---	---	---	--	--

Urine Testing: Fractional Urines (Sugar/Acetone)

2	2	0	7		
---	---	---	---	--	--

Guiac Testing: Feces, Vomitus, or GI Drainage

2	2	0	9		
---	---	---	---	--	--

Collection of Feces Sample for Routine  
O & P and Culture

2	2	1	0		
---	---	---	---	--	--

External Fetal Heart Tone Monitoring/Application of Ultrasonic Transducer	2	4	2	9	<input type="checkbox"/>	<input type="checkbox"/>
External Contraction Monitoring/Application of Tocotransducer	2	4	2	8	<input type="checkbox"/>	<input type="checkbox"/>
Application of Tocotransducer and Ultrasonic Transducer	2	4	3	2	<input type="checkbox"/>	<input type="checkbox"/>
Adjust Ultrasonic Transducer	2	4	3	5	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Heart Tones/Ultrasonic Transducer	2	4	3	6	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Heart Tones/Ultrasonic Transducer and Uterine Contractions/Tocotransducer	2	4	3	7	<input type="checkbox"/>	<input type="checkbox"/>
Ammiotomy (Assisting Physician)	2	4	2	3	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Electrode Insertion	2	4	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Electrode Insertion (Assisting Physician)	2	4	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Insertion of Intrauterine Catheter	2	4	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Insertion of Intrauterine Catheter (Assisting Physician)	2	4	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Electrode Insertion/Intrauterine Catheter Insertion	2	4	3	0	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Electrode Insertion/Intrauterine Catheter (Assisting Physician)	2	4	3	1	<input type="checkbox"/>	<input type="checkbox"/>
Internal/External Uterine Contraction Monitoring	2	4	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Pitocin Induction	2	4	2	7	<input type="checkbox"/>	<input type="checkbox"/>
Pitocin Induction (Assisting Physician)	2	4	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Observation and Assessment/Second Stage of Labor	2	4	3	3	<input type="checkbox"/>	<input type="checkbox"/>
Routine Delivery Room Functions (Assisting Physician)	2	4	1	5	<input type="checkbox"/>	<input type="checkbox"/>
Fundus Message	2	4	1	6	<input type="checkbox"/>	<input type="checkbox"/>
Changing Perineal Pads	2	4	1	7	<input type="checkbox"/>	<input type="checkbox"/>
Perineal Suture Care	2	4	1	8	<input type="checkbox"/>	<input type="checkbox"/>
Perineal Suture Care Instructions	2	4	1	9	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Breast Feeding	2	4	2	6	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Breast Care	2	4	2	0	<input type="checkbox"/>	<input type="checkbox"/>
Newborn Identification Procedure	2	4	2	5	<input type="checkbox"/>	<input type="checkbox"/>

Oxyhood Application/Replacement  
 Oxygen Analyzer Utilization  
 Portable Phototherapy Treatment  
 Newborn Abdominal Girth Measurement  
 Chest Measurement of Newborn  
 Body Length Measurement  
 Head Circumference Measurement  
 Body Weight: Neonate/Infant  
 Umbilical Care  
 Prophylactic Eye Care  
 Arteriosonde Blood Pressure Measurement  
 Umbilical Artery Blood Pressure Measurement  
 Newborn Pulmonary Assessment  
 Newborn Reflexes Assessment  
 Heel Stick  
 Dextrostick  
 Scalp Vein Infusion: Initiating  
 Umbilical Vein/Artery Cannulation/  
     Assisting Physician  
 Removing Umbilical Catheter: Vein/Artery  
 Transfusion Exchange/Assisting Physician  
 Ventricular Tap/Assisting Physician  
 Bladder Tap/Assisting Physician  
 Circumcision/Assisting Physician  
 Newborn Septic Workup  
 Physical Examination/Assisting Physician

2	5	1	6		
2	5	1	7		
2	5	1	8		
2	5	1	9		
2	5	2	0		
2	5	2	1		
2	5	2	2		
2	5	2	3		
2	5	2	4		
2	5	2	5		
2	5	2	6		
2	5	2	7		
2	5	2	8		
2	5	2	9		
2	5	3	0		
2	5	3	1		
2	5	3	2		
2	5	3	3		
2	5	3	4		
2	5	3	5		
2	5	3	6		
2	5	3	7		
2	5	3	8		
2	5	3	9		
2	5	4	0		

## ACTIVITIES OF DAILY LIVING

### HYGIENE NEEDS:

Bathing, Complete

Bathing, Partial

Bathing, Utensils Provided

Shower/Sitting Shower

Tub Bath

AM Care

AM Care, Partial

AM Care, Utensils Provided

Oral Hygiene

PM Care

Nail Care

Shampoo

Shaving

Occupied Bed

Unoccupied Bed

Changing Bottom Sheet (Only)

Changing Top Sheet (Only)

Changing Bed Linen Protector/Chux

### TASK CODES      TASK FREQUENCY

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 6	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 7	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>

## **MOBILITY**

### **MOBILITY**

Ambulating: First Time

0	4	0	1	<input type="checkbox"/>	<input type="checkbox"/>
0	4	0	2	<input type="checkbox"/>	<input type="checkbox"/>
0	4	0	3	<input type="checkbox"/>	<input type="checkbox"/>
0	4	0	4	<input type="checkbox"/>	<input type="checkbox"/>
0	4	0	5	<input type="checkbox"/>	<input type="checkbox"/>
0	4	0	6	<input type="checkbox"/>	<input type="checkbox"/>

Ambulating: Bed to Floor

Ambulating: Chair to Bed/Reverse

Ambulating: Bed to Commode

Ambulating: Assistance while Walking

Sitting on Side of Bed

### **CHANGING POSITION:**

Patient Position in Bed

0	5	0	1	<input type="checkbox"/>	<input type="checkbox"/>
0	5	0	2	<input type="checkbox"/>	<input type="checkbox"/>
0	5	0	3	<input type="checkbox"/>	<input type="checkbox"/>
0	5	0	4	<input type="checkbox"/>	<input type="checkbox"/>
0	5	0	5	<input type="checkbox"/>	<input type="checkbox"/>
0	5	0	6	<input type="checkbox"/>	<input type="checkbox"/>
0	5	0	7	<input type="checkbox"/>	<input type="checkbox"/>

Adjusting Position of Bed

Turning Frame/Stryker/Foster/Circ-Electric

Bed to Stretcher/Reverse

Adjusting Siderails

Adjusting Restraints (posey/gauze)

Fowlers/Trendelenburg Position

### **EXERCISING:**

Active Exercise

0	6	0	1	<input type="checkbox"/>	<input type="checkbox"/>
0	6	0	2	<input type="checkbox"/>	<input type="checkbox"/>

Passive Exercise

## **PSYCHOLOGICAL NEEDS:**

Orientation to Clinical Unit

0	7	0	1	<input type="checkbox"/>	<input type="checkbox"/>
0	7	0	2	<input type="checkbox"/>	<input type="checkbox"/>
0	7	0	3	<input type="checkbox"/>	<input type="checkbox"/>
0	7	0	4	<input type="checkbox"/>	<input type="checkbox"/>

Explanation of Procedures and Tests

Answering Patient's Questions

Visiting with Patients/Purposeful Interaction

CARDIAC ACTIVITY:

Monitor Setup/Exchange

1	0	0	1	<input type="checkbox"/>	<input type="checkbox"/>
1	0	0	2	<input type="checkbox"/>	<input type="checkbox"/>

Rhythm Strip/Monitor

1	0	1	0	<input type="checkbox"/>	<input type="checkbox"/>
1	0	0	3	<input type="checkbox"/>	<input type="checkbox"/>

Rhythm Strip/ECG Machine

1	0	0	4	<input type="checkbox"/>	<input type="checkbox"/>
1	0	0	5	<input type="checkbox"/>	<input type="checkbox"/>

12 Lead ECG

1	0	0	6	<input type="checkbox"/>	<input type="checkbox"/>
1	0	0	7	<input type="checkbox"/>	<input type="checkbox"/>

Central Venous Pressure (Manual)

1	0	0	8	<input type="checkbox"/>	<input type="checkbox"/>
1	0	0	9	<input type="checkbox"/>	<input type="checkbox"/>

Heart Sounds

1	0	0	1	<input type="checkbox"/>	<input type="checkbox"/>
1	0	0	2	<input type="checkbox"/>	<input type="checkbox"/>

Pulmonary Artery End-Diastolic Pressure Wedge  
(PAEDP Wedge)

1	0	0	3	<input type="checkbox"/>	<input type="checkbox"/>
1	0	0	4	<input type="checkbox"/>	<input type="checkbox"/>

Pulmonary Artery Pressure

1	0	0	5	<input type="checkbox"/>	<input type="checkbox"/>
1	0	0	6	<input type="checkbox"/>	<input type="checkbox"/>

Monitor Reading of Blood Pressure, Heart Rate,  
Pulmonary Artery Pressure, and/or Central  
Venous Pressure

1	0	0	7	<input type="checkbox"/>	<input type="checkbox"/>
1	0	0	8	<input type="checkbox"/>	<input type="checkbox"/>

Rhythm Strip Measurements

1	0	0	9	<input type="checkbox"/>	<input type="checkbox"/>
1	0	1	0	<input type="checkbox"/>	<input type="checkbox"/>

NEUROLOGICAL:

Pupil Reflexes

1	1	0	1	<input type="checkbox"/>	<input type="checkbox"/>
1	1	0	2	<input type="checkbox"/>	<input type="checkbox"/>

Mental Alertness

1	1	0	3	<input type="checkbox"/>	<input type="checkbox"/>
1	1	0	4	<input type="checkbox"/>	<input type="checkbox"/>

Sensory Discrimination

1	1	0	5	<input type="checkbox"/>	<input type="checkbox"/>
1	1	0	6	<input type="checkbox"/>	<input type="checkbox"/>

Orientation

1	1	0	7	<input type="checkbox"/>	<input type="checkbox"/>
1	1	0	8	<input type="checkbox"/>	<input type="checkbox"/>

Motor/Sensory Testing

1	1	0	9	<input type="checkbox"/>	<input type="checkbox"/>
1	1	1	0	<input type="checkbox"/>	<input type="checkbox"/>

RESPIRATORY ASSESSMENT:

Vital Capacity

1	2	0	1	<input type="checkbox"/>	<input type="checkbox"/>
1	2	0	2	<input type="checkbox"/>	<input type="checkbox"/>

Pulmonary Assessment

1	2	0	3	<input type="checkbox"/>	<input type="checkbox"/>
1	2	0	4	<input type="checkbox"/>	<input type="checkbox"/>

THERAPEUTIC ACTIVITIES/MODALITIES

GASTROINTESTINAL:

Nasogastric Tube: Insertion

1	3	0	1	<input type="checkbox"/>	<input type="checkbox"/>
1	3	0	2	<input type="checkbox"/>	<input type="checkbox"/>

Nasogastric Tube: Irrigation

1	3	1	1	<input type="checkbox"/>	<input type="checkbox"/>
1	3	0	3	<input type="checkbox"/>	<input type="checkbox"/>

Nasogastric Tube: Instillation

1	3	0	4	<input type="checkbox"/>	<input type="checkbox"/>
1	3	0	5	<input type="checkbox"/>	<input type="checkbox"/>

Nasogastric Tube: Removal

1	3	0	6	<input type="checkbox"/>	<input type="checkbox"/>
1	3	0	7	<input type="checkbox"/>	<input type="checkbox"/>

**Positioning For X-Ray/Assisting X-Ray Tech**

<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

**Respiratory Resuscitation**

<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

**Intubation/Assisting Physician**

<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

**Suctioning: Oral**

<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

**Suctioning: Tracheostomy**

<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

**Suctioning: Naso-Tracheal**

<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

**Suctioning: Endotracheal**

<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

**Suctioning: Bulb Syringe**

<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

**Thoracentesis/Assisting Physician**

<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

**CARDIOVASCULAR:**

**Venipuncture: Blood Sample**

<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

**Venipuncture: Blood Culture**

<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

**Arterial Puncture: Blood Gases /Assisting or not Assisting Physician**

<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

**Intravenous/Arterial Line: Blood Sample**

<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

**Intravenous Infusion: Initiating**

<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

**Intravenous Infusion: Flow Rate**


<tbl\_r cells="6" ix="1" maxcspan="1" maxr

EENT:

Eye Care

1	7	0	1		
---	---	---	---	--	--

Irrigations: Eye

1	7	0	2		
---	---	---	---	--	--

Irrigations: Ear

1	7	0	3		
---	---	---	---	--	--

Irrigations: Throat

1	7	0	4		
---	---	---	---	--	--

Instillation of Drops: Eye

1	7	0	5		
---	---	---	---	--	--

Instillation of Drops: Ear

1	7	0	6		
---	---	---	---	--	--

Instillation of Drops: Nose

1	7	0	7		
---	---	---	---	--	--

Culture: Nose

1	7	0	8		
---	---	---	---	--	--

Culture: Throat

1	7	0	9		
---	---	---	---	--	--

Culture: Sputum

1	7	1	0		
---	---	---	---	--	--

NEUROLOGICAL-SKELETAL:

Pin Care

1	8	0	1		
---	---	---	---	--	--

Head Tongs

1	8	0	2		
---	---	---	---	--	--

Bed Cradle

1	8	0	3		
---	---	---	---	--	--

Foot Board

1	8	0	4		
---	---	---	---	--	--

Ice Packs

1	8	0	5		
---	---	---	---	--	--

Extremity Traction: Application

1	8	0	6		
---	---	---	---	--	--

Extremity Traction: Adjust

1	8	0	9		
---	---	---	---	--	--

Extremity Elevation

1	8	0	7		
---	---	---	---	--	--

Cast Care

1	8	0	8		
---	---	---	---	--	--

Seizure Care

1	8	1	0		
---	---	---	---	--	--

UROLOGICAL-GYNECOLOGICAL:

Catheterization: Foley

1	9	0	1		
---	---	---	---	--	--

Catheterization: Straight

1	9	0	2		
---	---	---	---	--	--

Catheter Care

1	9	0	3		
---	---	---	---	--	--

Foley Catheter Removal

1	9	0	7		
---	---	---	---	--	--

## PATIENT TEACHING / NEONATAL AND PEDIATRIC FAMILY INSTRUCTION

Medication Administration

2	3	0	1		
---	---	---	---	--	--

Insulin Administration

2	3	1	2		
---	---	---	---	--	--

Colostomy Care

2	3	0	2		
---	---	---	---	--	--

Ileostomy/Ileocecostomy Care

2	3	1	4		
---	---	---	---	--	--

Postural Drainage

2	3	0	3		
---	---	---	---	--	--

Urine Testing

2	3	0	4		
---	---	---	---	--	--

Blow Bottles (Incentive Spirometer)

2	3	0	5		
---	---	---	---	--	--

Dietary Explanations

2	3	0	6		
---	---	---	---	--	--

Preoperative Instructions

2	3	0	7		
---	---	---	---	--	--

Diagnostic Tests

2	3	0	8		
---	---	---	---	--	--

Disease/Condition Related Instructions

2	3	0	9		
---	---	---	---	--	--

Chemotherapy Instructions

2	3	1	0		
---	---	---	---	--	--

Dressing Change

2	3	1	1		
---	---	---	---	--	--

Diabetic Instructions

2	3	1	3		
---	---	---	---	--	--

## OBSTETRICAL

Labor Room Examination/Preparation Routine

2	4	3	4		
---	---	---	---	--	--

Fetal Heart Tones: Manual

2	4	1	2		
---	---	---	---	--	--

Fetal Heart Tones: Doppler

2	4	1	3		
---	---	---	---	--	--

Vaginal Examination/Dilatation & Effacement Assessment

2	4	0	3		
---	---	---	---	--	--

Vaginal Examination/Dilatation & Effacement Assessment (Assisting Physician)

2	4	0	4		
---	---	---	---	--	--

Vulvar/Anal Area Prep

2	4	0	1		
---	---	---	---	--	--

Supporting Patient During Uterine Contraction

2	4	0	2		
---	---	---	---	--	--

Manual Contraction Assessment

2	4	1	0		
---	---	---	---	--	--

External Fetal Heart Tone Monitoring/  
Application of Ultrasonic Transducer

2	4	2	9		
---	---	---	---	--	--

Fetal Scalp Sampling (Assisting Physician)

2	4	1	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Oxytocin Challenge Test (Assisting Physician)  
(Inpatients Only)

2	4	2	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Non-Stress Test (Assisting Physician)  
(Inpatients Only)

2	4	2	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Amniocentesis (Assisting Physician)  
(Inpatients Only)

2	4	2	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

## NEONATAL - PEDIATRICS

Graduated Feeder (Premature) Feeding

2	5	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Bottle Feeding

2	5	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Oral-Gastric Tube Feeding

2	5	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Oral-Jejunostomy Feeding

2	5	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Assessing Gastric Residual

2	5	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Bubbling Baby (Eructate)

2	5	0	6	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Diaper Change

2	5	0	7	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Shirt Change/Pediatric

2	5	4	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Application Urine Collection Bag

2	5	0	8	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Changing Linens/Newborn

2	5	0	9	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Unbilical Cord Culture

2	5	4	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Holding Baby (Newborn/Infant)

2	5	1	0	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Radiant Warmer

2	5	1	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Isolettes W/Servo Control.

2	5	1	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Temperature Regulation: Plastic Wrap

2	5	1	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Temperature Regulation: K-Pad

2	5	1	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Temperature Probe

2	5	1	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

## PSYCHIATRIC

One-to-One Observation/Arms Length Observation	2	6	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Constant/Close Observation	2	6	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Situational Observation	2	6	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Leader/Co-Leader Group Therapy	2	6	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Appearance, Behavior and Conversation Assessment	2	6	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Extrapyramidal Syndrome Assessment	2	6	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Patient Government Sessions	2	6	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Planned Recreational Activity Sessions	2	6	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Leather Restraint Application/2-Point Restraint	2	6	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Leather Restraint Application/4-Point Restraint	2	6	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Body Restraint Application	2	6	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Physically Restraining Patient	2	6	1	2	<input type="checkbox"/>	<input type="checkbox"/>
Physically Placing Patient into Seclusion Room	2	6	1	3	<input type="checkbox"/>	<input type="checkbox"/>
Electroconvulsive Therapy/Assisting Physician	2	6	1	4	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX B

Data Collection Instrument AHS Form 326a (OT), rev 18 Sep 79  
Direct Nursing Care Tasks - Frequency Rate Requirements for  
Critical Care and Medical/Surgical

# DATA COLLECTION INSTRUMENT

## DIRECT NURSING CARE TASKS - FREQUENCY RATE REQUIREMENTS

DATE: \_\_\_\_\_ RATER'S NAMES 1. \_\_\_\_\_ RANK/ \_\_\_\_\_ MOS \_\_\_\_\_  
 2. \_\_\_\_\_ GRADE \_\_\_\_\_  
 3. \_\_\_\_\_

CLINICAL SERVICE(S) CODE:   +   ←  
 1

- |   |                                |
|---|--------------------------------|
| 01 MEDICAL INTENSIVE CARE                 | 05 NEUROSURGERY INTENSIVE CARE |
| 02 SURGICAL INTENSIVE CARE                | 11 GYNECOLOGY                  |
| 03 THORACIC-CARDIOVASCULAR INTENSIVE CARE | 15 MEDICINE                    |
| 04 CORONARY CARE                          | 16 SURGERY                     |

COLLECTION SCHEDULE CODE:  ←  
 5

Monday, 2=Tuesday, 3=Wednesday, 4=Thursday, 5=Friday, 6=Saturday, 7=Sunday

MEDICAL TREATMENT FACILITY CODE:   ←  
 6

- |                                    |                                 |
|------------------------------------|---------------------------------|
| 01 Brooke Army Medical Center      | 15 Darnall Army Hospital        |
| 03 Eisenhower Army Medical Center  | 19 Silas B. Hayes Army Hospital |
| 04 Letterman Army Medical Center   | 22 Reynolds Army Hospital       |
| 08 Wm Beaumont Army Medical Center | 27 Fort Stewart Army Hospital   |
| 10 Martin Army Hospital            |                                 |

PATIENT'S AGE CODE:   ←  
 8      For 1-99 + years, record in YEARS  
 (Maximum "99")

Inpatient's Card

PATIENT'S SEX CODE:  ←  
 14

1 = Male   2 = Female

## ACTIVITIES OF DAILY LIVING

### HYGIENIC NEEDS:

### Bathing, Complete

### Bathing, Partial

### **Bathing, Utensils Provided**

### **Shower/Sitting Shower**

## Tub Bath

AM Care

### AM Care, Partial

#### **AM Care, Utensils Provided**

## **Oral Hygiene**

FM Care

## Nail Care

## Shampoo

## **Shaving**

## Occupied

### **Unoccupied Bed.**

### Changing Bottom Sheet (Only)

### **Changing Top Sheet (Only)**

## **Changing Bed Linen Protector/Chux**

TASK CODES				TASK FREQUENCY	
0	1	0	1		
0	1	0	2		
0	1	1	3		
0	1	1	5		
0	1	1	6		
0	1	0	4		
0	1	1	4		
0	1	1	2		
0	1	0	3		
0	1	0	5		
0	1	0	6		
0	1	0	7		
0	1	0	8		
0	1	0	9		
0	1	1	0		
0	1	1	1		
0	1	1	7		
0	1	1	8		

NUTRITIONAL NEEDS:

Feeding	0	2	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Fluids	0	2	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Snacks	0	2	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Serving Meal Trays (Preparation Required)	0	2	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Serving Meal Tray (No Preparation Required)	0	2	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Special Feedings: Nasogastric	0	2	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Special Feedings: Gastrostomy	0	2	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Special Feedings: Hyperalimentation/Intravenous	0	2	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Special Feedings: Nasogastric-Continuous with IMED/IVAC/HOLDER Pump	0	2	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Special Feedings (Nasogastric)-Continuous with Gastric Feeding Equipment	0	2	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Measuring and Recording Intake	0	2	0	8	<input type="checkbox"/>	<input type="checkbox"/>

ELIMINATION:

Measuring and Recording Output: Urine	0	3	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Measuring and Recording Output: Liquid Feces	0	3	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Measuring and Recording Output: Vomitus	0	3	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Measuring and Recording Output: Drainage Bottles/All Types	0	3	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Output Weight: Diapers/Bed Linens	0	3	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Giving a Bedpan	0	3	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Giving a Urinal	0	3	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Incontinent Care	0	3	0	7	<input type="checkbox"/>	<input type="checkbox"/>

## MOBILITY

### MOBILITY

Ambulating: First Time

0	4	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Ambulating: Bed to Floor

0	4	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Ambulating: Chair or Wheelchair to Bed/Reverse

0	4	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Ambulating: Bed to Commode

0	4	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Ambulating: Assistance while Walking

0	4	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Sitting on Side of Bed

0	4	0	6	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

### CHANGING POSITION:

Patient Position in Bed

0	5	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Adjusting Position of Bed

0	5	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Turning Frame/Stryker/Foster/Circ-Olectric

0	5	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Bed to Stretcher/Reverse

0	5	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Adjusting Siderails

0	5	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Adjusting Restraints (posey/gauze)

0	5	0	6	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Fowlers/Trendelenburg Position

0	5	0	7	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

### EXERCISING:

Active Exercise

0	6	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Passive Exercise

0	6	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

## PSYCHOLOGICAL NEEDS:

Orientation to Clinical Unit

0	7	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Explanation of Procedures and Tests

0	7	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Answering Patient's Questions

0	7	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Visiting with Patients/Purposeful Interaction

0	7	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

## PHYSIOLOGICAL PARAMETERS:

### VITAL SIGNS:

Blood Pressure

0	8	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Pulse: Radial/Brachial

0	8	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Pulse: Apical

0	8	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Pulse: Pedal/Femoral/Popliteal

0	8	0	9	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Pulse: Doppler

0	8	1	0	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Respirations

0	8	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Temperature: Oral (Electronic or Mercury)

0	8	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Temperature: Rectal (Electronic or Mercury)

0	8	0	6	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Temperature: Axillary (Electronic or Mercury)

0	8	0	7	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Oral Temperature, Pulse, & Respirations

0	8	0	8	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

### BODY WEIGHT/SELECTED MEASUREMENTS:

Ambulatory Weight

0	9	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Bed Scale Weight/Adult

0	9	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Abdominal Girth Measurement/Adult

0	9	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Extremity Circumference Measurement/Adult

0	9	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

CARDIAC ACTIVITY:

Monitor Setup/Exchange

1	0	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Rhythm Strip/Monitor

1	0	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Rhythm Strip/ECG Machine

1	0	1	0	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

12 Lead ECG

1	0	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Central Venous Pressure (Manual)

1	0	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Heart Sounds

1	0	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Pulmonary Artery End-Diastolic Pressure Wedge  
(PAEDP Wedge)

1	0	0	6	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Pulmonary Artery Pressure

1	0	0	7	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Monitor Reading of Blood Pressure, Heart Rate,  
Pulmonary Artery Pressure, and/or Central  
Venous Pressure

1	0	0	8	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Rhythm Strip Measurements

1	0	0	9	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Cardiac Output Measurements (Assisting Physician)

1	0	1	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Adjusting Cardiac Monitor/Connecting Leads/  
Reset Alarm

1	0	1	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

NEUROLOGICAL:

Pupil Reflexes

1	1	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Mental Alertness

1	1	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Sensory Discrimination

1	1	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Orientation

1	1	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Motor/Sensory Testing

1	1	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

RESPIRATORY ASSESSMENT:

Vital Capacity

1	2	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Pulmonary Assessment

1	2	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

GASTROINTESTINAL ASSESSMENT:

Bowel Sound Assessment

2	7	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

## THERAPEUTIC ACTIVITIES/MODALITIES

### GASTROINTESTINAL:

Nasogastric Tube: Insertion	1	3	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Nasogastric Tube: Irrigation	1	3	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Nasogastric Tube: Instillation	1	3	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Nasogastric Tube: Removal	1	3	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Saline Irrigation (Gastric)	1	3	1	4	<input type="checkbox"/>	<input type="checkbox"/>
Enema: Cleansing	1	3	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Enema: Retention (Fleets)	1	3	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Fecal Impaction-Assessment/Removal	1	3	1	2	<input type="checkbox"/>	<input type="checkbox"/>
Colostomy: Irrigation	1	3	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Colostomy: Change Dressing	1	3	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Ileostomy/Ileoconduit (Dressing Change)	1	3	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Lavage/Assisting Physician	1	3	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Paracentesis/Assisting Physician	1	3	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Endoscopy /Assisting Physician	1	3	1	3	<input type="checkbox"/>	<input type="checkbox"/>
Proctoscopy (Assisting Physician	1	3	1	5	<input type="checkbox"/>	<input type="checkbox"/>
Rectal Tube Insertion	1	3	1	6	<input type="checkbox"/>	<input type="checkbox"/>
Rectal Tube Removal	1	3	1	7	<input type="checkbox"/>	<input type="checkbox"/>

### RESPIRATORY:

Oxygen Administration: Nasal	1	4	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Administration: Mask	1	4	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Administration: Prongs	1	4	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Administration: Mist with collar/ Face Tent	1	4	2	4	<input type="checkbox"/>	<input type="checkbox"/>
Endotracheal/Tracheostomy Tube Pressure Cuff	1	4	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Changing Tracheostomy Tube	1	4	0	5	<input type="checkbox"/>	<input type="checkbox"/>

Cleaning Tracheostomy Cannula	1	4	0	8		
Changing Tracheostomy Dressing	1	4	2	3		
Chest Tube Insertion (Assisting Physician)	1	4	2	8		
Chest Tube Care	1	4	0	6		
Changing Chest Bottles	1	4	0	7		
Chest Tube Removal (Assisting Physician)	1	4	2	9		
Chest Pulmonary Therapy: Frappage	1	4	0	9		
Chest Pulmonary Therapy: Postural Drainage	1	4	1	0		
IPPB Treatments	1	4	1	5		
Maximist Treatment	1	4	2	7		
Blow Bottles	1	4	1	8		
Cough and Deep Breathe	1	4	1	9		
Incentive Spirometer	1	4	2	0		
Positioning For X-Ray/Assisting X-Ray Tech	1	4	2	2		
Respiratory Resuscitation	1	4	1	6		
Extubation (Assisting Physician)	1	4	3	0		
Intubation/Assisting Physician	1	4	2	1		
Suctioning: Oral	1	4	1	1	.	
Suctioning: Tracheostomy	1	4	1	2		
Suctioning: Naso-Tracheal	1	4	1	3		
Suctioning: Endotracheal	1	4	1	4		
Thoracentesis/Assisting Physician	1	4	1	7		
Bronchoscopy (Assisting Physician)	1	4	3	1		

CARDIOVASCULAR:

Venipuncture: Blood Sample	1	5	0	1		
Venipuncture: Blood Culture	1	5	0	2		
Arterial Puncture: Blood Gases /Assisting or not Assisting Physician	1	5	0	3		
Intravenous/Arterial Line: Blood Sample	1	5	1	5		
Intravenous Infusion: Initiating	1	5	0	5		
Intravenous Infusion: Flow Rate	1	5	0	4		
Intravenous Infusion: Change IV Bottle	1	5	0	6		
Intravenous Infusion: IV Push Medications	1	5	0	7		
Intravenous Infusion: IV Catheter Care	1	5	0	8		
Intravenous Infusion: Piggy-Back Medications	1	5	0	9		
Intravenous Infusion: IVAC and IMED Setup	1	5	1	1		
Intravenous Infusion: Platelets/Plasma	1	5	2	0		
Intravenous Infusion: Blood Transfusion/Connect	1	5	1	4		
Intravenous/Arterial Infusion: Terminating	1	5	1	0		
Arterial Infusion: Arterial Line Setup	1	5	1	7		
Arterial Line Initiation (Assisting Physician)	1	5	2	8		
Arterial Infusion: Swan-Ganz Catheter Setup	1	5	1	8		
Swan Ganz Catheter Insertion (Assisting Physician)	1	5	2	6		
Swan Ganz Catheter Removal (Assisting Physician)	1	5	2	7		
Arterial Infusion: Transducer Exchange	1	5	1	6		
Cut-down/Surgical Intravenous Initiation (Assist- ing Physician)	1	5	2	9		
Arterial Infusion: Medications	1	5	2	5		
Cardiopulmonary Resuscitation	1	5	2	2		
Cardioversion/Assisting Physician	1	5	2	3		
External Pacemaker/Assisting Physician	1	5	2	1		
Rotating Tourniquets	1	5	2	4		
Elastic Stockings	1	5	1	2		
Ace Bandages	1	5	1	3		

SKIN:

Decubitus Care	1	6	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Skin Care	1	6	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Suture or Skin Clip Removal (15 or More)	1	6	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Suture or Skin Clip Removal (Less Than 15)	1	6	2	2	<input type="checkbox"/>	<input type="checkbox"/>
Dressing Change: Small, less than 4" x 8"	1	6	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Dressing Change: Large, 4" x 8" or greater	1	6	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Reinforcing Dressing	1	6	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Wound Irrigation	1	6	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Soaking Hand	1	6	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Soaking Foot	1	6	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Hot Compresses: One application	1	6	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Hot Compresses: Continuous Applications	1	6	1	8	<input type="checkbox"/>	<input type="checkbox"/>
K-Pad Application	1	6	2	3	<input type="checkbox"/>	<input type="checkbox"/>
Cold Compresses	1	6	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Sitz Bath	1	6	1	2	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Prep (Local)	1	6	1	3	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Prep (3-Way)	1	6	1	4	<input type="checkbox"/>	<input type="checkbox"/>
Wound Culture	1	6	1	5	<input type="checkbox"/>	<input type="checkbox"/>
Heat Lamp	1	6	1	6	<input type="checkbox"/>	<input type="checkbox"/>
Back Rub	1	6	1	7	<input type="checkbox"/>	<input type="checkbox"/>
Air Floatation/Alternating Pressure Mattress: Application	1	6	1	9	<input type="checkbox"/>	<input type="checkbox"/>
Isolation/Dressing/Undressing (Gown/Gloves)	1	6	2	0	<input type="checkbox"/>	<input type="checkbox"/>
Death Care	1	6	2	1	<input type="checkbox"/>	<input type="checkbox"/>

ENT:

Eye Care	1	7	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Irrigations: Eye	1	7	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Irrigations: Ear	1	7	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Irrigations: Throat	1	7	0	4	<input type="checkbox"/>	<input type="checkbox"/>

Instillation of Drops: Eye

1	7	0	5		
---	---	---	---	--	--

Instillation of Drops: Ear

1	7	0	6		
---	---	---	---	--	--

Instillation of Drops: Nose

1	7	0	7		
---	---	---	---	--	--

Culture: Nose

1	7	0	8		
---	---	---	---	--	--

Culture: Throat

1	7	0	9		
---	---	---	---	--	--

Culture: Sputum

1	7	1	0		
---	---	---	---	--	--

NEUROLOGICAL-SKELETAL:

Pin Care

1	8	0	1		
---	---	---	---	--	--

Head Tongs

1	8	0	2		
---	---	---	---	--	--

Bed Cradle

1	8	0	3		
---	---	---	---	--	--

Foot Board

1	8	0	4		
---	---	---	---	--	--

Ice Packs

1	8	0	5		
---	---	---	---	--	--

Extremity Traction: Application

1	8	0	6		
---	---	---	---	--	--

Extremity Traction: Adjust

1	8	0	9		
---	---	---	---	--	--

Extremity Elevation

1	8	0	7		
---	---	---	---	--	--

Cast Care

1	8	0	8		
---	---	---	---	--	--

Seizure Care

1	8	1	0		
---	---	---	---	--	--

Circulation Check

1	8	1	1		
---	---	---	---	--	--

UROLOGICAL-GYNECOLOGICAL:

Catheterization: Foley

1	9	0	1		
---	---	---	---	--	--

Catheterization: Straight

1	9	0	2		
---	---	---	---	--	--

Catheter Care

1	9	0	3		
---	---	---	---	--	--

Foley Catheter Removal

1	9	0	7		
---	---	---	---	--	--

Condom Catheter Application

1	9	1	2		
---	---	---	---	--	--

Bladder Irrigation

1	9	1	6		
---	---	---	---	--	--

Urine Specimen: Routine

1	9	0	4		
---	---	---	---	--	--

Urine Specimen: Clean Catch/Foley Catheter

1	9	0	5		
---	---	---	---	--	--

Perineal Care

1	9	0	6		
---	---	---	---	--	--

Douche

1	9	0	8		
---	---	---	---	--	--

Dilatation and Curettage/Assisting Physician or Evacuation	1	9	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal/Pelvic Examinations/Assisting Physician	1	9	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Urinary Bladder Training	1	9	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Peritoneal Dialysis Initiation (Assisting Physician)	1	9	1	3	<input type="checkbox"/>	<input type="checkbox"/>
Peritoneal Dialysis (Exchange of Dialysis Solutions)	1	9	1	4	<input type="checkbox"/>	<input type="checkbox"/>
Peritoneal Dialysis (Removing Dialysis Catheter/ Assisting Physician)	1	9	1	5	<input type="checkbox"/>	<input type="checkbox"/>
Changing Perineal Pads	2	4	1	7	<input type="checkbox"/>	<input type="checkbox"/>
Perineal Suture Care	2	4	1	8	<input type="checkbox"/>	<input type="checkbox"/>
Perineal Suture Care Instructions	2	4	1	9	<input type="checkbox"/>	<input type="checkbox"/>

BODY TEMPERATURE REGULATION:

Sponging	2	0	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Hypothermia/ Hyperthermia Treatment	2	0	0	2	<input type="checkbox"/>	<input type="checkbox"/>

MEDICATION ADMINISTRATION:

Oral	2	1	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Intromuscular	2	1	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Subcutaneous	2	1	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Suppositories Rectal/Vaginal	2	1	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Topical	2	1	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Sublingual	2	1	0	6	<input type="checkbox"/>	<input type="checkbox"/>

DIAGNOSTIC TESTS:

Bone Marrow Aspiration/Assisting Physician	2	2	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar Puncture/Assisting Physician	2	2	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Liver Biopsy/Assisting Physician	2	2	0	8	<input type="checkbox"/>	<input type="checkbox"/>

Urine Testing: Protein	2	2	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Urine Testing: Specific Gravity	2	2	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Urine Testing: Fractional Urines (Sugar/Acetone)	2	2	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Guizac Testing: Feces, Vomitus, or GI Drainage	2	2	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Collection of Feces Sample for Routine O & P and Culture	2	2	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Hematocrit	2	2	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Situational Observation	2	6	0	3	<input type="checkbox"/>	<input type="checkbox"/>

### PATIENT TEACHING / NEONATAL AND PEDIATRIC FAMILY INSTRUCTION

Medication Administration	2	3	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Insulin Administration	2	3	1	2	<input type="checkbox"/>	<input type="checkbox"/>
Colostomy Care	2	3	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Ileostomy/Ileoconduit Care	2	3	1	4	<input type="checkbox"/>	<input type="checkbox"/>
Postural Drainage	2	3	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Urine Testing	2	3	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Blow Bottles (Incentive Spirometer)	2	3	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Dietary Explanations	2	3	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Preoperative Instructions	2	3	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Tests	2	3	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Disease/Condition Related Instructions	2	3	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy Instructions	2	3	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Dressing Change	2	3	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic Instructions	2	3	1	3	<input type="checkbox"/>	<input type="checkbox"/>

**CONSTRAINTS:**

Intravenous Line/Heparin Lock  
 Arterial Line/Swan Ganz  
 Central Venous Pressure Line  
 Hemodialysis Shunt  
 Respirator/Endotracheal Tube  
 Respirator/Tracheostomy Tube  
 Endotracheal Tube  
 Tracheostomy Tube  
 Oxygen Administration  
 Head Tongs  
 Neck Brace/Cervical Collar  
 Cervical Traction  
 Pelvic Traction  
 Extremity Traction (INVASIVE)  
 Extremity Traction (NON-INVASIVE)  
 Clavicle Splint  
 Extremity Splint  
 Body Cast  
 Extremity Cast  
 Restraints  
 Stryker/Foster Frame/Circ0lectric Bed  
 Roto-Rest Bed  
 Mesh Bed  
 Bed Cradle

0	0	0	1		
0	0	0	2		
0	0	0	3		
0	0	2	5		
0	0	0	5		
0	0	5	2		
0	0	0	8		
0	0	1	9		
0	0	0	7		
0	0	1	1		
0	0	5	7		
0	0	5	5		
0	0	3	9		
0	0	5	4		
0	0	2	6		
0	0	5	8		
0	0	4	1		
0	0	1	7		
0	0	1	6		
0	0	1	5		
0	0	1	2		
0	0	1	3		
0	0	2	3		
0	0	3	8		

Abduction Pillow	0	0	2	0	<input type="checkbox"/>	<input type="checkbox"/>
Sand Bags	0	0	5	9	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Monitor/Apnea Monitor	0	0	0	4	<input type="checkbox"/>	<input type="checkbox"/>
External Pacemaker	0	0	5	6	<input type="checkbox"/>	<input type="checkbox"/>
Hypothermia Blanket	0	0	2	2	<input type="checkbox"/>	<input type="checkbox"/>
Telethermometer	0	0	5	3	<input type="checkbox"/>	<input type="checkbox"/>
Nasogastric/Oral Gastric Tube	0	0	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Chest Tube	0	0	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Foley Catheter	0	0	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Condom Catheter	0	0	1	4	<input type="checkbox"/>	<input type="checkbox"/>
Supra-pubic Catheter	0	0	2	4	<input type="checkbox"/>	<input type="checkbox"/>
Uterostomy Tube	0	0	4	2	<input type="checkbox"/>	<input type="checkbox"/>
Nephrostomy Tube	0	0	4	3	<input type="checkbox"/>	<input type="checkbox"/>
Gastrostomy Tube	0	0	2	1	<input type="checkbox"/>	<input type="checkbox"/>
Colostomy/Ileostomy/Ileocecostomy Bag	0	0	3	7	<input type="checkbox"/>	<input type="checkbox"/>
Rectal Tube	0	0	2	7	<input type="checkbox"/>	<input type="checkbox"/>
Hemovac/Drainage Tubes	0	0	1	8	<input type="checkbox"/>	<input type="checkbox"/>
Blind (Temporary/Permanent)	0	0	4	4	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Voice (Temporary/Permanent)	0	0	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Extremity	0	0	4	6	<input type="checkbox"/>	<input type="checkbox"/>
Deaf	0	0	4	7	<input type="checkbox"/>	<input type="checkbox"/>
Obese Male (more than 220 pounds)	0	0	4	8	<input type="checkbox"/>	<input type="checkbox"/>
Obese Female (more than 180 pounds)	0	0	4	9	<input type="checkbox"/>	<input type="checkbox"/>
Non-English Speaking	0	0	5	1	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis/Hemiplegia/Paraplegia/Quadriplegia	0	0	6	0	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C

Data Collection Instrument AHS Form 326a (OT), rev 6 Sep 79  
Direct Nursing Care Tasks - Frequency Rate Requirements for  
Obstetrics

DATA COLLECTION INSTRUMENT  
DIRECT NURSING CARE TASKS - FREQUENCY RATE REQUIREMENTS

DATE: \_\_\_\_\_ RATER's NAMES 1. \_\_\_\_\_ RANK/  
2. \_\_\_\_\_ GRADE \_\_\_\_\_ MOS \_\_\_\_\_  
3. \_\_\_\_\_

CLINICAL SERVICE(S) CODE  1  0  
1

OBSTETRICS

COLLECTION SCHEDULE CODE:  5 ←

1=Monday, 2=Tuesday, 3=Wednesday, 4=Thursday, 5=Friday, 6=Saturday, 7=Sunday

MEDICAL TREATMENT FACILITY CODE:  6  ←

- |    |                                 |    |                              |
|----|---------------------------------|----|------------------------------|
| 01 | Brooke Army Medical Center      | 10 | Martin Army Hospital         |
| 02 | Fitzsimons Army Medical Center  | 15 | Darnall Army Hospital        |
| 03 | Eisenhower Army Medical Center  | 19 | Silas B. Hayes Army Hospital |
| 04 | Letterman Army Medical Center   | 22 | Reynolds Army Hospital       |
| 08 | Wm Beaumont Army Medical center | 27 | Fort Stewart Army Hospital   |

PATIENT'S AGE CODE:  8  ←

Inpatient's Card

PATIENT'S SEX CODE:  2  
14

## ACTIVITIES OF DAILY LIVING

### HYGIENE NEEDS:

Bathing, Complete  
 Bathing, Partial  
 Bathing, Utensils Provided  
 Shower/Sitting Shower  
 AM Care  
 AM Care, Partial  
 AM Care, Utensils Provided  
 Oral Hygiene  
 PM Care  
 Occupied Bed  
 Unoccupied Bed  
 Changing Bottom Sheet (Only)  
 Changing Top Sheet (Only)  
 Changing Bed Linen Protector/Chux

TASK CODES	TASK FREQUENCY			
0 1 0 1	<input type="checkbox"/>	<input type="checkbox"/>		
0 1 0 2	<input type="checkbox"/>	<input type="checkbox"/>		
0 1 1 3	<input type="checkbox"/>	<input type="checkbox"/>		
0 1 1 5	<input type="checkbox"/>	<input type="checkbox"/>		
0 1 0 4	<input type="checkbox"/>	<input type="checkbox"/>		
0 1 1 4	<input type="checkbox"/>	<input type="checkbox"/>		
0 1 1 2	<input type="checkbox"/>	<input type="checkbox"/>		
0 1 0 3	<input type="checkbox"/>	<input type="checkbox"/>		
0 1 0 5	<input type="checkbox"/>	<input type="checkbox"/>		
0 1 0 9	<input type="checkbox"/>	<input type="checkbox"/>		
0 1 1 0	<input type="checkbox"/>	<input type="checkbox"/>		
0 1 1 1	<input type="checkbox"/>	<input type="checkbox"/>		
0 1 1 7	<input type="checkbox"/>	<input type="checkbox"/>		
0 1 1 8	<input type="checkbox"/>	<input type="checkbox"/>		

### NUTRITIONAL NEEDS:

Feeding  
 Fluids  
 Snacks  
 Serving Meal Trays (Preparation Required)  
 Serving Meal Tray (No Preparation Required)  
 Measuring and Recording Intake

0 2 0 1	<input type="checkbox"/>	<input type="checkbox"/>
0 2 0 2	<input type="checkbox"/>	<input type="checkbox"/>
0 2 0 3	<input type="checkbox"/>	<input type="checkbox"/>
0 2 0 4	<input type="checkbox"/>	<input type="checkbox"/>
0 2 1 1	<input type="checkbox"/>	<input type="checkbox"/>
0 2 0 8	<input type="checkbox"/>	<input type="checkbox"/>

ELIMINATION:

Measuring and Recording Output: Urine

0	3	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Measuring and Recording Output: Vomitus

0	3	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Giving a Bedpan

0	3	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

**MOBILITY**

MOBILITY

Ambulating: First Time

0	4	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Ambulating: Bed to Floor

0	4	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Ambulating: Chair or Wheelchair to Bed/Reverse

0	4	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Ambulating: Assistance while Walking

0	4	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Sitting on Side of Bed

0	4	0	6	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

CHANGING POSITION:

Paticnt Position in Bed

0	5	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Adjusting Position of Bed

0	5	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Bed to Stretcher/Reverse

0	5	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Adjusting Siderails

0	5	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Adjusting Restraints (posey/gauze)

0	5	0	6	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Fowlers/Trendelenburg Position

0	5	0	7	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

EXERCISING:

Active Exercise

0	6	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

## PSYCHOLOGICAL NEEDS:

Orientation to Clinical Unit

0	7	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Explanation of Procedures and Tests

0	7	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Answering Patient's Questions

0	7	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Visiting with Patients/Purposeful Interaction

0	7	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

## PHYSIOLOGICAL PARAMETERS:

### VITAL SIGNS:

Blood Pressure

0	8	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Pulse: Radial /Brachial

0	8	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Pulse: Apical

0	8	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Pulse: Pedal /Femoral/Popliteal

0	8	0	9	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Respirations

0	8	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Temperature: Oral (Electronic or Mercury)

0	8	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Temperature: Rectal (Electronic or Mercury)

0	8	0	6	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Oral Temperature, Pulse, & Respirations

0	8	0	8	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

### BODY WEIGHT/SELECTED MEASUREMENTS:

Ambulatory Weight

0	9	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

### CARDIAC ACTIVITY:

Monitor Setup/Exchange

1	0	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Rhythm Strip/Monitor

1	0	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

12 Lead ECG

1	0	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Heart Sounds

1	0	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Rhythm Strip Measurements

1	0	0	9	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Adjusting Cardiac Monitor/Connecting Leads/  
Reset Alarm

1	0	1	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

NEUROLOGICAL:

Pupil Reflexes

1	1	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Mental Alertness

1	1	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Sensory Discrimination

1	1	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Orientation

1	1	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Motor/Sensory Testing

1	1	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

RESPIRATORY ASSESSMENT:

Pulmonary Assessment

1	2	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

GASTROINTESTINAL ASSESSMENT:

Bowel Sound Assessment

2	7	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

**THERAPEUTIC ACTIVITIES/MODALITIES**

GASTROINTESTINAL:

Nasogastric Tube: Insertion

1	3	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Nasogastric Tube: Irrigation

1	3	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Nasogastric Tube: Instillation

1	3	1	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Nasogastric Tube: Removal

1	3	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Saline Irrigation (Gastric)

1	3	1	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Enema: Cleansing

1	3	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Enema: Retention (Fleets)

1	3	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Fecal Impaction-Assessment/Removal

1	3	1	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

RESPIRATORY:

Oxygen Administration: Mask

1	4	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Oxygen Administration: Prongs

1	4	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Chest Pulmonary Therapy: Frappage

1	4	0	9	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Chest Pulmonary Therapy: Postural Drainage

1	4	1	0	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

IPPB Treatments

1	4	1	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Blow Bottles

1	4	1	8	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Cough and Deep Breathe

1	4	1	9	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Incentive Spirometer

1	4	2	0	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

CARDIOVASCULAR:

Venipuncture: Blood Sample

1	5	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Venipuncture: Blood Culture

1	5	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Intravenous Infusion: Initiating

1	5	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Intravenous Infusion: Flow Rate

1	5	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Intravenous Infusion: Change IV Bottle

1	5	0	6	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Intravenous Infusion: IV Push Medications

1	5	0	7	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Intravenous Infusion: IV Catheter Care

1	5	0	8	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Intravenous Infusion: Piggy-Back Medications

1	5	0	9	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Intravenous Infusion: IVAC and IMED Setup

1	5	1	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Intravenous Infusion: Platelets/Plasma

1	5	2	0	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Intravenous Infusion: Blood Transfusion/Connect

1	5	1	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Intravenous/Arterial Infusion: Terminating

1	5	1	0	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Elastic Stockings

1	5	1	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

SKIN:

Skin Care  
Suture or Skin Clip Removal (15 or More)  
Suture or Skin Clip Removal (Less Than 15)  
Dressing Change: Small, less than 4" x 8"  
Dressing Change: Large, 4" x 8" or greater  
Reinforcing Dressing  
Wound Irrigation  
Hot Compresses: One application  
Hot Compresses: Continuous Applications  
K-Pad Application  
Cold Compresses  
Sitz Bath  
Surgical Prep (Local)  
Surgical Prep (3-Way)  
Wound Culture  
Heat Lamp  
Back Rub

1	6	0	2	<input type="checkbox"/>	<input type="checkbox"/>
1	6	0	3	<input type="checkbox"/>	<input type="checkbox"/>
1	6	2	2	<input type="checkbox"/>	<input type="checkbox"/>
1	6	0	4	<input type="checkbox"/>	<input type="checkbox"/>
1	6	0	5	<input type="checkbox"/>	<input type="checkbox"/>
1	6	0	6	<input type="checkbox"/>	<input type="checkbox"/>
1	6	0	7	<input type="checkbox"/>	<input type="checkbox"/>
1	6	1	0	<input type="checkbox"/>	<input type="checkbox"/>
1	6	1	8	<input type="checkbox"/>	<input type="checkbox"/>
1	6	2	3	<input type="checkbox"/>	<input type="checkbox"/>
1	6	1	1	<input type="checkbox"/>	<input type="checkbox"/>
1	6	1	2	<input type="checkbox"/>	<input type="checkbox"/>
1	6	1	3	<input type="checkbox"/>	<input type="checkbox"/>
1	6	1	4	<input type="checkbox"/>	<input type="checkbox"/>
1	6	1	5	<input type="checkbox"/>	<input type="checkbox"/>
1	6	1	6	<input type="checkbox"/>	<input type="checkbox"/>
1	6	1	7	<input type="checkbox"/>	<input type="checkbox"/>

NEUROLOGICAL-SKELETAL:

Ice Packs  
Extremity Elevation  
Seizure Care  
UROLOGICAL-GYNECOLOGICAL:  
Catheterization: Foley  
Catheterization: Straight  
Catheter Care  
Foley Catheter Removal

1	8	0	5	<input type="checkbox"/>	<input type="checkbox"/>
1	8	0	7	<input type="checkbox"/>	<input type="checkbox"/>
1	8	-	0	<input type="checkbox"/>	<input type="checkbox"/>
1	9	0	1	<input type="checkbox"/>	<input type="checkbox"/>
1	9	0	2	<input type="checkbox"/>	<input type="checkbox"/>
1	9	0	3	<input type="checkbox"/>	<input type="checkbox"/>
1	9	0	7	<input type="checkbox"/>	<input type="checkbox"/>

Bladder Irrigation	1	9	1	6	<input type="checkbox"/>	<input type="checkbox"/>
Urine Specimen: Routine	1	9	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Urine Specimen: Clean Catch routine/Foley cath.	1	9	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Perineal Care	1	9	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Douche	1	9	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Dilatation and Curettage/Assisting Physician or Evacuation	1	9	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal/Pelvic Examinations/Assisting Physician	1	9	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Urinary Bladder Training	1	9	1	1	<input type="checkbox"/>	<input type="checkbox"/>

MEDICATION ADMINISTRATION:

Oral	2	1	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Intramuscular	2	1	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Subcutaneous	2	1	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Suppositories Rectal/Vaginal	2	1	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Topical	2	1	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Sublingual	2	1	0	6	<input type="checkbox"/>	<input type="checkbox"/>

DIAGNOSTIC TESTS:

Urine Testing: Protein	2	2	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Urine Testing: Specific Gravity	2	2	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Urine Testing: Fractional Urines (Sugar/Acetone)	2	2	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Guiac Testing: Feces, Vomitus, or GI Drainage	2	2	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Collection of Feces Sample for Routine O & P and Culture	2	2	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Situational Observation	2	6	0	3	<input type="checkbox"/>	<input type="checkbox"/>

## PATIENT TEACHING / NEONATAL AND PEDIATRIC FAMILY INSTRUCTION

Medication Administration

2	3	0	1		
---	---	---	---	--	--

Insulin Administration

2	3	1	2		
---	---	---	---	--	--

Postural Drainage

2	3	0	3		
---	---	---	---	--	--

Urine Testing

2	3	0	4		
---	---	---	---	--	--

Blow Bottles (Incentive Spirometer)

2	3	0	5		
---	---	---	---	--	--

Dietary Explanations

2	3	0	6		
---	---	---	---	--	--

Preoperative Instructions

2	3	0	7		
---	---	---	---	--	--

Diagnostic Tests

2	3	0	8		
---	---	---	---	--	--

Disease/Condition Related Instructions

2	3	0	9		
---	---	---	---	--	--

Dressing Change

2	3	1	1		
---	---	---	---	--	--

Diabetic Instructions

2	3	1	3		
---	---	---	---	--	--

## OBSTETRICAL

Labor Room Examination/Preparation Routine

2	4	3	4		
---	---	---	---	--	--

Fetal Heart Tones: Manual

2	4	1	2		
---	---	---	---	--	--

Fetal Heart Tones: Doppler

2	4	1	3		
---	---	---	---	--	--

Vaginal Examination/Dilatation & Effacement Assessment

2	4	0	3		
---	---	---	---	--	--

Vaginal Examination/Dilatation & Effacement Assessment (Assisting Physician)

2	4	0	4		
---	---	---	---	--	--

Vulvar/Anal Area Prep

2	4	0	1		
---	---	---	---	--	--

Supporting Patient During Uterine Contraction

2	4	0	2		
---	---	---	---	--	--

Manual Contraction Assessment

2	4	1	0		
---	---	---	---	--	--

External Fetal Heart Tone Monitoring/  
Application of Ultrasonic Transducer

2	4	2	9		
---	---	---	---	--	--

External Contraction Monitoring/Application of  
Tocotransducer

2	4	2	8		
---	---	---	---	--	--

Application of Tocotransducer and Ultrasonic  
Transducer

2	4	3	2		
---	---	---	---	--	--

Adjust Ultrasonic Transducer or Tocotransducer

2	4	3	5		
---	---	---	---	--	--

Fetal Heart Tones/Ultrasonic Transducer	2	4	3	6	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Heart Tones/Ultrasonic Transducer and Uterine Contractions/Tocotransducer	2	4	3	7	<input type="checkbox"/>	<input type="checkbox"/>
Amniotomy (Assisting Physician)	2	4	2	3	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Electrode Insertion	2	4	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Electrode Insertion (Assisting Physician)	2	4	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Insertion of Intrauterine Catheter	2	4	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Insertion of Intrauterine Catheter (Assisting Physician)	2	4	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Electrode Insertion/Intrauterine Catheter Insertion (with or without Aminotomy)	2	4	3	0	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Electrode Insertion/Intrauterine Catheter (Assisting Physician)	2	4	3	1	<input type="checkbox"/>	<input type="checkbox"/>
Internal/External Uterine Contraction Monitoring/ Fetal Heart Tones Monitoring	2	4	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Pitocin Induction	2	4	2	7	<input type="checkbox"/>	<input type="checkbox"/>
Pitocin Induction (Assisting Physician)	2	4	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Observation and Assessment/Second Stage of Labor	2	4	3	3	<input type="checkbox"/>	<input type="checkbox"/>
Routine Delivery Room Functions (Assisting Physician)	2	4	1	5	<input type="checkbox"/>	<input type="checkbox"/>
Fundus Message	2	4	1	6	<input type="checkbox"/>	<input type="checkbox"/>
Changing Perineal Pads	2	4	1	7	<input type="checkbox"/>	<input type="checkbox"/>
Perineal Suture Care	2	4	1	8	<input type="checkbox"/>	<input type="checkbox"/>
Perineal Suture Care Instructions	2	4	1	9	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Breast Feeding	2	4	2	6	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Breast Care	2	4	2	0	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Scalp Sampling (Assisting Physician)	2	4	1	4	<input type="checkbox"/>	<input type="checkbox"/>
Oxytocin Challenge Test (Assisting Physician) (Inpatients Only)	2	4	2	1	<input type="checkbox"/>	<input type="checkbox"/>
Non-Stress Test (Assisting Physician) (Inpatients Only)	2	4	2	2	<input type="checkbox"/>	<input type="checkbox"/>
Amniocentesis (Assisting Physician) (Inpatients Only)	2	4	2	4	<input type="checkbox"/>	<input type="checkbox"/>

**CONSTRAINTS:**

Intravenous Line/Heparin Lock

0	0	0	1		
---	---	---	---	--	--

Oxygen Administration

0	0	0	7		
---	---	---	---	--	--

Restraints

0	0	1	5		
---	---	---	---	--	--

Cardiac Monitor/Apnea Monitor

0	0	0	4		
---	---	---	---	--	--

Fetal Electrode

0	0	3	0		
---	---	---	---	--	--

Ultrasonic Transducer

0	0	2	9		
---	---	---	---	--	--

Tocotransducer

0	0	2	8		
---	---	---	---	--	--

Intrauterine Catheter

0	0	3	1		
---	---	---	---	--	--

Nasogastric/Oral Gastric Tube

0	0	0	9		
---	---	---	---	--	--

Foley Catheter

0	0	0	6		
---	---	---	---	--	--

Obese Female (more than 180 pounds)

0	0	4	9		
---	---	---	---	--	--

Non-English Speaking

0	0	5	1		
---	---	---	---	--	--

**APPENDIX D**

**Data Collection Instrument AHS Form 326a (OT), rev 18 Sep 79**  
**Direct Nursing Care Tasks - Frequency Rate Requirements for**  
**Psychiatry**

# DATA COLLECTION INSTRUMENT

## DIRECT NURSING CARE TASKS - FREQUENCY RATE REQUIREMENTS

DATE: \_\_\_\_\_ RATER'S NAMES 1. \_\_\_\_\_ RANK/ \_\_\_\_\_ MOS \_\_\_\_\_  
2. \_\_\_\_\_ GRADE \_\_\_\_\_  
3. \_\_\_\_\_

CLINICAL SERVICE(S) CODE: **1 8**

### PSYCHIATRY

COLLECTION SCHEDULE CODE: **5** ←

Monday, 2=Tuesday, 3=Wednesday, 4=Thursday, 5=Friday, 6=Saturday, 7=Sunday

MEDICAL TREATMENT FACILITY CODE: **6** ←

- |                                    |                                 |
|------------------------------------|---------------------------------|
| 01 Brooke Army Medical Center      | 15 Darnall Army Hospital        |
| 03 Eisenhower Army Medical Center  | 19 Silas B. Hayes Army Hospital |
| 04 Letterman Army Medical Center   | 22 Reynolds Army Hospital       |
| 08 Wm Beaumont Army Medical Center | 27 Fort Stewart Army Hospital   |
| 10 Martin Army Hospital            |                                 |

PATIENT'S AGE CODE: **8** ← For 1-99 + years, record in YEARS  
(Maximum "99")

Inpatient's Card

PATIENT'S SEX CODE: **14** ←

1 = Male 2 = Female

D-1

## ACTIVITIES OF DAILY LIVING

### HYGIENE NEEDS:

Bathing, Complete  
 Bathing, Partial  
 Bathing, Utensils Provided  
 Shower/Sitting Shower  
 Tub Bath  
 AM Care  
 AM Care, Partial  
 AM Care, Utensils Provided  
 Oral Hygiene  
 PM Care  
 Nail Care  
 Shampoo  
 Shaving  
 Occupied Bed  
 Unoccupied Bed

	TASK CODES	TASK FREQUENCY	
	0 1 0 1		
	0 1 0 2		
	0 1 1 3		
	0 1 1 5		
	0 1 1 6		
	0 1 0 4		
	0 1 1 4		
	0 1 1 2		
	0 1 0 3		
	0 1 0 5		
	0 1 0 6		
	0 1 0 7		
	0 1 0 8		
	0 1 0 9		
	0 1 1 0		

### NUTRITIONAL NEEDS:

Feeding  
 Fluids  
 Snacks  
 Serving Meal Trays (Preparation Required)  
 Serving Meal Tray (No Preparation Required)  
 Measuring and Recording Intake

0 2 0 1		
0 2 0 2		
0 2 0 3		
0 2 0 4		
0 2 1 1		
0 2 0 8		

ELIMINATION:

Measuring and Recording Output: Urine

0	3	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Measuring and Recording Output: Vomitus

0	3	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Giving a Bedpan

0	3	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Giving a Urinal

0	3	0	6	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

**MOBILITY**

MOBILITY

Ambulating: First Time

0	4	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Ambulating: Bed to Floor

0	4	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Ambulating: Assistance while Walking

0	4	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

CHANGING POSITION:

Patient Position in Bed

0	5	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Adjusting Position of Bed

0	5	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Adjusting Siderails

0	5	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Adjusting Restraints (posey/gauze)

0	5	0	6	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

EXERCISING:

Active Exercise

0	6	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

**PSYCHOLOGICAL NEEDS:**

Orientation to Clinical Unit

0	7	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Explanation of Procedures and Tests

0	7	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Answering Patient's Questions

0	7	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Visiting with Patients/Purposeful Interaction

0	7	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

## PHYSIOLOGICAL PARAMETERS:

### VITAL SIGNS:

Blood Pressure	0	8	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Pulse: Radial	0	8	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Pulse: Apical	0	8	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Respirations	0	8	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Temperature: Oral (Electronic or Mercury)	0	8	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Oral Temperature, Pulse, & Respirations	0	8	0	8	<input type="checkbox"/>	<input type="checkbox"/>

### BODY WEIGHT/SELECTED MEASUREMENTS:

Ambulatory Weight	0	9	0	1	<input type="checkbox"/>	<input type="checkbox"/>
-------------------	---	---	---	---	--------------------------	--------------------------

### NEUROLOGICAL:

Pupil Reflexes	1	1	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Mental Alertness	1	1	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Orientation	1	1	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Motor/Sensory Testing	1	1	0	5	<input type="checkbox"/>	<input type="checkbox"/>

### RESPIRATORY ASSESSMENT:

Pulmonary Assessment	1	2	0	2	<input type="checkbox"/>	<input type="checkbox"/>
----------------------	---	---	---	---	--------------------------	--------------------------

### GASTROINTESTINAL ASSESSMENT:

Bowel Sound Assessment	2	7	0	1	<input type="checkbox"/>	<input type="checkbox"/>
------------------------	---	---	---	---	--------------------------	--------------------------

## THERAPEUTIC ACTIVITIES/MODALITIES

### GASTROINTESTINAL:

Enema: Retention (Fleets)	1	3	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Fecal Impaction-Assessment/Removal	1	3	1	2	<input type="checkbox"/>	<input type="checkbox"/>

### CARDIOVASCULAR:

Venipuncture: Blood Sample	1	5	0	1	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------	---	---	---	---	--------------------------	--------------------------

SKIN:

Skin Care

1	6	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Back Rub

1	6	1	7	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

NEUROLOGICAL-SKELETAL:

Ice Packs

1	8	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Seizure Care

1	8	1	0	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Circulation Check

1	8	1	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

UROLOGICAL-GYNECOLOGICAL:

Urine Specimen: Routine

1	9	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Urine Specimen: Clean Catch

1	9	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Vaginal/Pelvic Examinations/Assisting Physician

1	9	1	0	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

MEDICATION ADMINISTRATION:

Oral

2	1	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Intramuscular

2	1	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Subcutaneous

2	1	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Suppositories Rectal/Vaginal

2	1	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Topical

2	1	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Sublingual

2	1	0	6	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

DIAGNOSTIC TESTS:Urine Testing: Fractional Urines (Sugar/Acetone) 

2	2	0	7	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

PATIENT TEACHING / NEONATAL AND PEDIATRIC FAMILY INSTRUCTION

Medication Administration

2	3	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Dietary Explanations

2	3	0	6	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Diagnostic Tests

2	3	0	8	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Disease/Condition Related Instructions

2	3	0	9	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

## PSYCHIATRIC

One-to-One Observation/Arms Length Observation (01-one hour for maximum of twenty-four hours) Example, 06 = six hours	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>	(limit) "24"
Constant/Close Observation (01-one hour for maximum of twenty-four hours)	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	(limit) "24"
Situational Observation	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 0	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	
Leader/Co-Leader Group Therapy	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	
Appearance, Behavior and Conversation Assessment	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 0	<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/>	
Extrapyramidal Syndrome Assessment	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 0	<input type="checkbox"/> 6	<input type="checkbox"/>	<input type="checkbox"/>	
Patient Grooming Sessions	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 0	<input type="checkbox"/> 7	<input type="checkbox"/>	<input type="checkbox"/>	
Planned Recreational Activity Sessions	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 0	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>	
Leather Restraint Application/2-Point Restraint	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 0	<input type="checkbox"/> 9	<input type="checkbox"/>	<input type="checkbox"/>	
Leather Restraint Application/4-Point Restraint	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/>	
Body Restraint Application	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>	
Physically Restraining Patient	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
Physically Placing Patient into Seclusion Room	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	
Electroconvulsive Therapy/Assisting Physician	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	
Individual Support Therapy/All Nursing Pers. (01-Fifteen minutes for maximum of 96 for each 24-hour period)	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/>	
Individual Therapy/Contract Interview/Primary Therapist (01=Thirty minutes for maximum of 48 for each of 48 for each 24-hour period)	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/>	<input type="checkbox"/>	
Occupational Therapy/Nursing Support Required (01=Fifteen minutes for maximum of 96 for each 24-hour period)	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/>	<input type="checkbox"/>	
Intake Interview/Interdisciplinary (01=Thirty minutes for maximum of 48 for each 24-hour period)	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>	
Intake Interview/Admission (01=Thirty minutes for maximum of 48 for each 24-hour period)	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 9	<input type="checkbox"/>	<input type="checkbox"/>	

**CONSTRAINTS:**

**Restraints**

- Obese Male (more than 220 pounds)
- Obese Female (more than 180 pounds)
- Non-English Speaking

0	0	1	5		
0	0	4	8		
0	0	4	9		

**APPENDIX E**

**Data Collection Instrument AHS Form 326a (OT), rev 18 Sep 79**  
**Direct Nursing Care Tasks - Frequency Rate Requirements for**  
**Neonatal and Pediatrics**

**DATA COLLECTION INSTRUMENT**  
**DIRECT NURSING CARE TASKS - FREQUENCY RATE REQUIREMENTS**

DATE: \_\_\_\_\_ RATER's NAMES 1. \_\_\_\_\_ RANK/ GRADE \_\_\_\_\_ MOS \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

CLINICAL SERVICE(S) CODE   +   ←  
 1

06 PEDIATRIC INTENSIVE CARE	08 PEDIATRICS
07 NEONATAL INTENSIVE CARE	09 NEWBORN NURSERY

COLLECTION SCHEDULE CODE:  ←  
 5

1=Monday, 2=Tuesday, 3=Wednesday, 4=Thursday, 5=Friday, 6=Saturday, 7=Sunday

MEDICAL TREATMENT FACILITY CODE:   ←  
 6

01 Brooke Army Medical Center	10 Martin Army Hospital
02 Fitzsimons Army Medical Center	15 Darnall Army Hospital
03 Eisenhower Army Medical Center	19 Silas B. Hayes Army Hospital
04 Letterman Army Medical Center	22 Reynolds Army Hospital
08 Wm Beaumont Army Medical center	27 Fort Stewart Army Hospital

PATIENT'S AGE CODE:   YRS        MOS        DAYS  
 8                    10                    12 ←

Inpatient's Card

For 1-30 days, record in DAYS  
 For 1-11 months, record in MONTHS  
 For 1-99 + years, record in YEARS  
 (maximum "99")

PATIENT'S SEX CODE:  (1=Male, 2=Female)  
 14

## ACTIVITIES OF DAILY LIVING

### HYGIENE NEEDS:

Bathing, Complete

Bathing, Partial

Bathing, Utensils Provided

Shower/Sitting Shower

Tub Bath

AM Care

AM Care, Partial

AM Care, Utensils Provided

Oral Hygiene

PM Care

Nail Care

Shampoo

Occupied Bed

Unoccupied Bed

Changing Bottom Sheet (Only)

Changing Top Sheet (Only)

Changing Linens/Newborn

Changing Bed Linen Protector/Chux

Changing Shirt, Pediatric

		TASK CODES		TASK FREQUENCY
		0 1 0 1		
		0 1 0 2		
		0 1 1 3		
		0 1 1 5		
		0 1 1 6		
		0 1 0 4		
		0 1 1 4		
		0 1 1 2		
		0 1 0 3		
		0 1 0 5		
		0 1 0 6		
		0 1 0 7		
		0 1 0 9		
		0 1 1 0		
		0 1 1 1		
		0 1 1 7		
		2 5 0 9		
		0 1 1 8		
		2 5 4 1		

NUTRITIONAL NEEDS:

Feeding

0	2	0	1	<input type="checkbox"/>	<input type="checkbox"/>
2	5	0	1	<input type="checkbox"/>	<input type="checkbox"/>

Graduated Feeder (Premature) Feeding

2	5	0	5	<input type="checkbox"/>	<input type="checkbox"/>
2	5	0	2	<input type="checkbox"/>	<input type="checkbox"/>

Assessing Gastric Residual

2	5	0	6	<input type="checkbox"/>	<input type="checkbox"/>
0	2	0	2	<input type="checkbox"/>	<input type="checkbox"/>

Bottle Feeding

0	2	0	3	<input type="checkbox"/>	<input type="checkbox"/>
0	2	0	4	<input type="checkbox"/>	<input type="checkbox"/>

Bubbling Baby (Eructate)

0	2	1	1	<input type="checkbox"/>	<input type="checkbox"/>
0	2	0	5	<input type="checkbox"/>	<input type="checkbox"/>

Fluids

0	2	0	6	<input type="checkbox"/>	<input type="checkbox"/>
0	2	0	7	<input type="checkbox"/>	<input type="checkbox"/>

Snacks

0	2	0	9	<input type="checkbox"/>	<input type="checkbox"/>
2	5	0	3	<input type="checkbox"/>	<input type="checkbox"/>

Serving Meal Trays (Preparation Required)

0	2	1	1	<input type="checkbox"/>	<input type="checkbox"/>
0	2	0	5	<input type="checkbox"/>	<input type="checkbox"/>

Serving Meal Tray (No Preparation Required)

0	2	0	6	<input type="checkbox"/>	<input type="checkbox"/>
0	2	0	7	<input type="checkbox"/>	<input type="checkbox"/>

Special Feedings: Nasogastric

0	2	0	9	<input type="checkbox"/>	<input type="checkbox"/>
2	5	0	3	<input type="checkbox"/>	<input type="checkbox"/>

Special Feedings: Gastrostomy

0	2	1	0	<input type="checkbox"/>	<input type="checkbox"/>
0	2	0	8	<input type="checkbox"/>	<input type="checkbox"/>

Special Feedings: Hyperalimentation/Intravenous

0	2	1	0	<input type="checkbox"/>	<input type="checkbox"/>
2	5	0	4	<input type="checkbox"/>	<input type="checkbox"/>

Special Feedings: Nasogastric-Continuous  
with IMED/IVAC/HOLDER Pump

0	2	0	8	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Oral-Gastric Tube Feeding

2	5	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Oral-Jejunostomy Feeding

0	2	1	0	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Special Feedings (Nasogastric)-Continuous  
with Gastric Feeding Equipment

0	2	0	8	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Measuring and Recording Intake

2	5	0	7	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Diaper Change

0	3	0	1	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Measuring and Recording Output: Urine

0	3	0	2	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Measuring and Recording Output: Liquid Feces

0	3	0	3	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Measuring and Recording Output: Vomitus

0	3	0	4	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Measuring and Recording Output: Drainage  
Bottles/All Types

0	3	0	8	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Output Weight: Diapers/Bed Linens

0	3	0	5	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Giving a Bedpan

0	3	0	6	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Giving a Urinal

0	3	0	7	<input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	--------------------------	--------------------------

Incontinent Care

## MOBILITY

### MOBILITY

Ambulating: First Time

0	4	0	1		
---	---	---	---	--	--

Ambulating: Bed to Floor

0	4	0	2		
---	---	---	---	--	--

Ambulating: Chair or Wheelchair to Bed/Reverse

0	4	0	3		
---	---	---	---	--	--

Ambulating: Bed to Commode

0	4	0	4		
---	---	---	---	--	--

Ambulating: Assistance while Walking

0	4	0	5		
---	---	---	---	--	--

Sitting on Side of Bed

0	4	0	6		
---	---	---	---	--	--

### CHANGING POSITION:

Patient Position in Bed

0	5	0	1		
---	---	---	---	--	--

Adjusting Position of Bed

0	5	0	2		
---	---	---	---	--	--

Turning Frame/Stryker/Foster/Circ-Olectric

0	5	0	3		
---	---	---	---	--	--

Bed to Stretcher/Reverse

0	5	0	4		
---	---	---	---	--	--

Adjusting Siderails

0	5	0	5		
---	---	---	---	--	--

Adjusting Restraints (posey/gauze)

0	5	0	6		
---	---	---	---	--	--

Fowlers/Trendelenburg Position

0	5	0	7		
---	---	---	---	--	--

### EXERCISING:

Active Exercise

0	6	0	1		
---	---	---	---	--	--

Passive Exercise

0	6	0	2		
---	---	---	---	--	--

### PSYCHOLOGICAL NEEDS:

Holding Baby (Newborn/Infant)

2	5	1	0		
---	---	---	---	--	--

Orientation to Clinical Unit

0	7	0	1		
---	---	---	---	--	--

Explanation of Procedures and Tests

0	7	0	2		
---	---	---	---	--	--

Answering Patient's Questions/Crying

0	7	0	3		
---	---	---	---	--	--

Visiting with Patients/Purposeful Interaction

0	7	0	4		
---	---	---	---	--	--

Planned Recreational Activity Sessions

2	6	0	8		
---	---	---	---	--	--

## PHYSIOLOGICAL PARAMETERS:

### VITAL SIGNS:

Blood Pressure	<table border="1"><tr><td>0</td><td>6</td><td>0</td><td>1</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0	6	0	1					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
0	6	0	1															
Arteriosonde Blood Pressure Measurement	<table border="1"><tr><td>2</td><td>5</td><td>2</td><td>6</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	2	5	2	6					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
2	5	2	6															
Umbilical Artery Blood Pressure Measurement	<table border="1"><tr><td>2</td><td>5</td><td>2</td><td>7</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	2	5	2	7					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
2	5	2	7															
Pulse: Radial /Brachial	<table border="1"><tr><td>0</td><td>8</td><td>0</td><td>2</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0	8	0	2					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
0	8	0	2															
Pulse: Apical	<table border="1"><tr><td>0</td><td>8</td><td>0</td><td>3</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0	8	0	3					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
0	8	0	3															
Pulse: Pedal /Popliteal/Femoral	<table border="1"><tr><td>0</td><td>8</td><td>0</td><td>9</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0	8	0	9					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
0	8	0	9															
Pulse: Doppler	<table border="1"><tr><td>0</td><td>8</td><td>1</td><td>0</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0	8	1	0					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
0	8	1	0															
Rectal/Axillary Temperature, Apical Pulse, & Respiration Rate (Pediatrics)	<table border="1"><tr><td>0</td><td>8</td><td>1</td><td>1</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0	8	1	1					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
0	8	1	1															
Respirations	<table border="1"><tr><td>0</td><td>8</td><td>0</td><td>4</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0	8	0	4					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
0	8	0	4															
Temperature: Oral (Electronic or Mercury)	<table border="1"><tr><td>0</td><td>8</td><td>0</td><td>5</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0	8	0	5					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
0	8	0	5															
Temperature: Rectal (Electronic or Mercury)	<table border="1"><tr><td>0</td><td>8</td><td>0</td><td>6</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0	8	0	6					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
0	8	0	6															
Temperature: Axillary (Electronic or Mercury)	<table border="1"><tr><td>0</td><td>8</td><td>0</td><td>7</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0	8	0	7					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
0	8	0	7															
Oral Temperature, Pulse, & Respirations	<table border="1"><tr><td>0</td><td>8</td><td>0</td><td>8</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0	8	0	8					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
0	8	0	8															

### BODY WEIGHT/SELECTED MEASUREMENTS:

Initial Newborn Assessment	<table border="1"><tr><td>2</td><td>5</td><td>4</td><td>3</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	2	5	4	3					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
2	5	4	3															
Newborn Identification Procedure	<table border="1"><tr><td>2</td><td>4</td><td>2</td><td>5</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	2	4	2	5					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
2	4	2	5															
Body Weight: Neonate/Infant	<table border="1"><tr><td>2</td><td>5</td><td>2</td><td>3</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	2	5	2	3					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
2	5	2	3															
Ambulatory Weight	<table border="1"><tr><td>0</td><td>9</td><td>0</td><td>1</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0	9	0	1					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
0	9	0	1															
Bed Scale Weight	<table border="1"><tr><td>0</td><td>9</td><td>0</td><td>2</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0	9	0	2					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
0	9	0	2															
Head Circumference Measurement	<table border="1"><tr><td>2</td><td>5</td><td>2</td><td>2</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	2	5	2	2					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
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Chest Measurement	<table border="1"><tr><td>2</td><td>5</td><td>2</td><td>0</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	2	5	2	0					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
2	5	2	0															
Abdominal Girth Measurement	<table border="1"><tr><td>2</td><td>5</td><td>1</td><td>9</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	2	5	1	9					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
2	5	1	9															
Extremity Circumference Measurement	<table border="1"><tr><td>0</td><td>9</td><td>0</td><td>4</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0	9	0	4					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
0	9	0	4															
Body Length Measurement/Height	<table border="1"><tr><td>2</td><td>5</td><td>2</td><td>1</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	2	5	2	1					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
2	5	2	1															

CARDIAC ACTIVITY:

Monitor Setup/Exchange	1	0	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Rhythm Strip/Monitor	1	0	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Rhythm Strip/ECG Machine	1	0	1	0	<input type="checkbox"/>	<input type="checkbox"/>
12 Lead ECG	1	0	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Central Venous Pressure (Manual)	1	0	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Heart Sounds	1	0	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary Artery End-Diastolic Pressure Wedge (PAEDP Wedge)	1	0	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary Artery Pressure	1	0	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Monitor Reading of Blood Pressure, Heart Rate, Pulmonary Artery Pressure, and/or Central Venous Pressure	1	0	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Rhythm Strip Measurements	1	0	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Output Measurements (Assisting Physician)	1	0	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Adjusting Cardiac Monitor/Connecting Leads/ Reset Alarm	1	0	1	2	<input type="checkbox"/>	<input type="checkbox"/>

NEUROLOGICAL:

Newborn Reflexes Assessment	2	5	2	9	<input type="checkbox"/>	<input type="checkbox"/>
Pupil Reflexes	1	1	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Mental Alertness	1	1	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Discrimination	1	1	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Orientation	1	1	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Motor/Sensory Testing	1	1	0	5	<input type="checkbox"/>	<input type="checkbox"/>

RESPIRATORY ASSESSMENT:

Vital Capacity	1	2	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Newborn Pulmonary Assessment	2	5	2	8	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary Assessment	1	2	0	2	<input type="checkbox"/>	<input type="checkbox"/>

GASTROINTESTINAL ASSESSMENT:

Bowel Sound Assessment	2	7	0	1	<input type="checkbox"/>	<input type="checkbox"/>
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## THERAPEUTIC ACTIVITIES/MODALITIES

### GASTROINTESTINAL:

Nasogastric Tube: Insertion	1	3	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Nasogastric Tube: Irrigation	1	3	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Nasogastric Tube: Instillation	1	3	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Nasogastric Tube: Removal	1	3	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Saline Irrigation (Gastric)	1	3	1	4	<input type="checkbox"/>	<input type="checkbox"/>
Enema: Cleansing	1	3	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Enema: Retention (Fleets)	1	3	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Fecal Impaction-Assessment/Removal	1	3	1	2	<input type="checkbox"/>	<input type="checkbox"/>
Colostomy: Irrigation	1	3	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Colostomy: Change Dressing	1	3	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Ileostomy/Ileoco conduit (Dressing Change)	1	3	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Lavage/Assisting Physician	1	3	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Endoscopy /Assisting Physician	1	3	1	3	<input type="checkbox"/>	<input type="checkbox"/>
Proctoscopy (Assisting Physician	1	3	1	5	<input type="checkbox"/>	<input type="checkbox"/>

### RESPIRATORY:

Oxygen Analyzer Utilization	2	5	1	7	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Administration: Mask	1	4	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Administration: Prongs	1	4	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Administration: Mist with collar/ Face Tent	1	4	2	4	<input type="checkbox"/>	<input type="checkbox"/>
Oxyhood Application/Replacement	2	5	1	6	<input type="checkbox"/>	<input type="checkbox"/>
Group Tent	1	4	2	5	<input type="checkbox"/>	<input type="checkbox"/>
Changing Tracheostomy Tube	1	4	0	5	<input type="checkbox"/>	<input type="checkbox"/>

Cleaning Tracheostomy Cannula	1	4	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Changing Tracheostomy Dressing	1	4	2	3	<input type="checkbox"/>	<input type="checkbox"/>
Chest Tube Insertion (Assisting Physician)	1	4	2	8	<input type="checkbox"/>	<input type="checkbox"/>
Chest Tube Care	1	4	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Changing Chest Bottles	1	4	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Chest Tube Removal (Assisting Physician)	1	4	2	9	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pulmonary Therapy: Frappage	1	4	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pulmonary Therapy: Postural Drainage	1	4	1	0	<input type="checkbox"/>	<input type="checkbox"/>
IPPB Treatments	1	4	1	5	<input type="checkbox"/>	<input type="checkbox"/>
Maximist Treatment	1	4	2	7	<input type="checkbox"/>	<input type="checkbox"/>
Blow Bottles	1	4	1	8	<input type="checkbox"/>	<input type="checkbox"/>
Cough and Deep Breathe	1	4	1	9	<input type="checkbox"/>	<input type="checkbox"/>
Incentive Spirometer	1	4	2	0	<input type="checkbox"/>	<input type="checkbox"/>
Positioning For X-Ray/Assisting X-Ray Tech	1	4	2	2	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Resuscitation	1	4	1	6	<input type="checkbox"/>	<input type="checkbox"/>
Extubation (Assisting Physician)	1	4	3	0	<input type="checkbox"/>	<input type="checkbox"/>
Intubation/Assisting Physician	1	4	2	1	<input type="checkbox"/>	<input type="checkbox"/>
Suctioning: Oral	1	4	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Suctioning: Tracheostomy	1	4	1	2	<input type="checkbox"/>	<input type="checkbox"/>
Suctioning: Naso-Tracheal	1	4	1	3	<input type="checkbox"/>	<input type="checkbox"/>
Suctioning: Endotracheal	1	4	1	4	<input type="checkbox"/>	<input type="checkbox"/>
Suctioning: Bulb Syringe	1	4	2	6	<input type="checkbox"/>	<input type="checkbox"/>
Thoracentesis/Assisting Physician	1	4	1	7	<input type="checkbox"/>	<input type="checkbox"/>
Bronchoscopy (Assisting Physician)	1	4	3	1	<input type="checkbox"/>	<input type="checkbox"/>

CARDIOVASCULAR:

Venipuncture: Blood Sample	1	5	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Venipuncture: Blood Culture	1	5	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Arterial Puncture: Blood Gases /Assisting or not Assisting Physician	1	5	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous/Arterial Line: Blood Sample	1	5	1	5	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous Infusion: Initiating	1	5	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Scalp Vein Infusion: Initiating	2	5	3	2	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous Infusion: Flow Rate	1	5	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous Infusion: Change IV Bottle	1	5	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous Infusion: IV Push Medications	1	5	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous Infusion: IV Catheter Care	1	5	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous Infusion: Piggy-Back Medications	1	5	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous Infusion: IVAC and IMED Setup	1	5	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous Infusion: Platelets/Plasma	1	5	2	0	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous Infusion: Blood Transfusion/Connect	1	5	1	4	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous/Arterial Infusion: Terminating	1	5	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Umbilical Vein/Artery Cannulation/Assisting Phy.	2	5	3	3	<input type="checkbox"/>	<input type="checkbox"/>
Removing Umbilical Catheter: Vein/Artery	2	5	3	4	<input type="checkbox"/>	<input type="checkbox"/>
Arterial Infusion: Arterial Line Setup	1	5	1	7	<input type="checkbox"/>	<input type="checkbox"/>
Arterial Line Initiation (Assisting Physician)	1	5	2	8	<input type="checkbox"/>	<input type="checkbox"/>
Arterial Infusion: Swan-Ganz Catheter Setup	1	5	1	8	<input type="checkbox"/>	<input type="checkbox"/>
Swan Ganz Catheter Insertion (Assisting Physician)	1	5	2	6	<input type="checkbox"/>	<input type="checkbox"/>
Swan Ganz Catheter Removal (Assisting Physician)	1	5	2	7	<input type="checkbox"/>	<input type="checkbox"/>
Arterial Infusion: Transducer Exchange	1	5	1	6	<input type="checkbox"/>	<input type="checkbox"/>
Cut-down/Surgical Intravenous Initiation (Assist- ing Physician)	1	5	2	9	<input type="checkbox"/>	<input type="checkbox"/>
Transfusion Exchange/Assisting Physician	2	5	3	5	<input type="checkbox"/>	<input type="checkbox"/>
Cardiopulmonary Resuscitation	1	5	2	2	<input type="checkbox"/>	<input type="checkbox"/>
Ace Bandages	1	5	1	3	<input type="checkbox"/>	<input type="checkbox"/>

SKIN:

Decubitus Care	1	6	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Skin Care	1	6	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Umbilical Care	2	5	2	4	<input type="checkbox"/>	<input type="checkbox"/>
Suture or Skin Clip Removal (15 or More)	1	6	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Umbilical Cord Clamp (Application/Removal)	2	5	4	4	<input type="checkbox"/>	<input type="checkbox"/>
Suture or Skin Clip Removal (Less Than 15)	1	6	2	2	<input type="checkbox"/>	<input type="checkbox"/>
Dressing Change: Small, less than 4" x 8"	1	6	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Dressing Change: Large, 4" x 8" or greater	1	6	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Reinforcing Dressing	1	6	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Wound Irrigation	1	6	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Soaking Hand	1	6	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Soaking Foot	1	6	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Hot Compresses: One application	1	6	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Hot Compresses: Continuous Applications	1	6	1	8	<input type="checkbox"/>	<input type="checkbox"/>
K-Pad Application	1	6	2	3	<input type="checkbox"/>	<input type="checkbox"/>
Cold Compresses	1	6	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Prep (Local)	1	6	1	3	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Prep (3-Way)	1	6	1	4	<input type="checkbox"/>	<input type="checkbox"/>
Newborn Septic Workup	2	5	3	9	<input type="checkbox"/>	<input type="checkbox"/>
Wound Culture	1	6	1	5	<input type="checkbox"/>	<input type="checkbox"/>
Umbilical Cord Culture	2	5	4	2	<input type="checkbox"/>	<input type="checkbox"/>
Heat Lamp	1	6	1	6	<input type="checkbox"/>	<input type="checkbox"/>
Portable Phototherapy Treatment	2	5	1	8	<input type="checkbox"/>	<input type="checkbox"/>
Back Rub	1	6	1	7	<input type="checkbox"/>	<input type="checkbox"/>
Air Floatation/Alternating Pressure Mattress: Application	1	6	1	9	<input type="checkbox"/>	<input type="checkbox"/>
Isolation/Dressing/Undressing (Gown/Gloves)	1	6	2	0	<input type="checkbox"/>	<input type="checkbox"/>
Death Care	1	6	2	1	<input type="checkbox"/>	<input type="checkbox"/>

ENT:

Prophylactic Eye Care/Newborn

2	5	2	5	<input type="checkbox"/>	<input type="checkbox"/>
1	7	0	1	<input type="checkbox"/>	<input type="checkbox"/>
1	7	0	2	<input type="checkbox"/>	<input type="checkbox"/>
1	7	0	3	<input type="checkbox"/>	<input type="checkbox"/>
1	7	0	4	<input type="checkbox"/>	<input type="checkbox"/>
1	7	0	5	<input type="checkbox"/>	<input type="checkbox"/>
1	7	0	6	<input type="checkbox"/>	<input type="checkbox"/>
1	7	0	7	<input type="checkbox"/>	<input type="checkbox"/>
1	7	0	8	<input type="checkbox"/>	<input type="checkbox"/>
1	7	0	9	<input type="checkbox"/>	<input type="checkbox"/>
1	7	1	0	<input type="checkbox"/>	<input type="checkbox"/>

Eye Care

Irrigations: Eye

Irrigations: Ear

Irrigations: Throat

Instillation of Drops: Eye

Instillation of Drops: Ear

Instillation of Drops: Nose

Culture: Nose

Culture: Throat

Culture: Sputum

NEUROLOGICAL-SKELETAL:

Pin Care

Bed Cradle

Foot Board

Ice Packs

Extremity Traction: Application

Extremity Traction: Adjust

Extremity Elevation

Cast Care

Seizure Care

Circulation Check

1	8	0	1	<input type="checkbox"/>	<input type="checkbox"/>
1	8	0	3	<input type="checkbox"/>	<input type="checkbox"/>
1	8	0	4	<input type="checkbox"/>	<input type="checkbox"/>
1	8	0	5	<input type="checkbox"/>	<input type="checkbox"/>
1	8	0	6	<input type="checkbox"/>	<input type="checkbox"/>
1	8	0	9	<input type="checkbox"/>	<input type="checkbox"/>
1	8	0	7	<input type="checkbox"/>	<input type="checkbox"/>
1	8	0	8	<input type="checkbox"/>	<input type="checkbox"/>
1	8	1	0	<input type="checkbox"/>	<input type="checkbox"/>
1	8	1	1	<input type="checkbox"/>	<input type="checkbox"/>

UROLOGICAL-GYNECOLOGICAL:

Application Urine Collection Bag

Catheterization: Foley

Catheterization: Straight

Catheter Care

2	5	0	8	<input type="checkbox"/>	<input type="checkbox"/>
1	9	0	1	<input type="checkbox"/>	<input type="checkbox"/>
1	9	0	2	<input type="checkbox"/>	<input type="checkbox"/>
1	9	0	3	<input type="checkbox"/>	<input type="checkbox"/>

Foley Catheter Removal	1	9	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Condom Catheter Application	1	9	1	2	<input type="checkbox"/>	<input type="checkbox"/>
Bladder Irrigation	1	9	1	6	<input type="checkbox"/>	<input type="checkbox"/>
Circumcision/Assisting Physician	2	5	3	8	<input type="checkbox"/>	<input type="checkbox"/>
Urine Specimen: Routine	1	9	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Urine Specimen: Clean Catch	1	9	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Bladder Tap/Assisting Physician	2	5	3	7	<input type="checkbox"/>	<input type="checkbox"/>
Perineal Care	1	9	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Urinary Bladder Training	1	9	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Peritoneal Dialysis Initiation (Assisting Physician)	1	9	1	3	<input type="checkbox"/>	<input type="checkbox"/>
Peritoneal Dialysis (Exchange of Dialysis Solutions)	1	9	1	4	<input type="checkbox"/>	<input type="checkbox"/>
Peritoneal Dialysis (Removing Dialysis Catheter/ Assisting Physician)	1	9	1	5	<input type="checkbox"/>	<input type="checkbox"/>

BODY TEMPERATURE REGULATION:

Radiant Warmer	2	5	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Isolettes w/Servo Control	2	5	1	2	<input type="checkbox"/>	<input type="checkbox"/>
Sponging	2	0	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Probe	2	5	1	5	<input type="checkbox"/>	<input type="checkbox"/>
Hypothermia/ Hyperthermia Treatment	2	0	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Regulation: Plastic Wrap	2	5	1	3	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Regulation: K-Pad	2	5	1	4	<input type="checkbox"/>	<input type="checkbox"/>

MEDICATION ADMINISTRATION:

Oral	2	1	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Intramuscular	2	1	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Subcutaneous	2	1	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Suppositories Rectal/Vaginal	2	1	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Topical	2	1	0	5	<input type="checkbox"/>	<input type="checkbox"/>

**DIAGNOSTIC TESTS:**

Physical Examination/Assisting Physician	2	5	4	0	<input type="checkbox"/>	<input type="checkbox"/>
Bone Marrow Aspiration/Assisting Physician	2	2	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar Puncture/Assisting Physician	2	2	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Ventricular Tap/Assisting Physician	2	5	3	6	<input type="checkbox"/>	<input type="checkbox"/>
Urine Testing: Protein	2	2	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Urine Testing: Specific Gravity	2	2	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Urine Testing: Fractional Urines (Sugar/Acetone)	2	2	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Guiax Testing: Feces, Vomitus, or GI Drainage	2	2	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Collection of Feces Sample for Routine O & P and Culture	2	2	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Hematocrit	2	2	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Heelstick	2	5	3	0	<input type="checkbox"/>	<input type="checkbox"/>
Dextrostix	2	5	3	1	<input type="checkbox"/>	<input type="checkbox"/>
Situational Observation	2	6	0	3	<input type="checkbox"/>	<input type="checkbox"/>

**PATIENT TEACHING / NEONATAL AND PEDIATRIC FAMILY INSTRUCTION**

Medication Administration	2	3	0	1	<input type="checkbox"/>	<input type="checkbox"/>
Insulin Administration	2	3	1	2	<input type="checkbox"/>	<input type="checkbox"/>
Colostomy Care	2	3	0	2	<input type="checkbox"/>	<input type="checkbox"/>
Ileostomy/Ileocecdout Care	2	3	1	4	<input type="checkbox"/>	<input type="checkbox"/>
Postural Drainage	2	3	0	3	<input type="checkbox"/>	<input type="checkbox"/>
Urine Testing	2	3	0	4	<input type="checkbox"/>	<input type="checkbox"/>
Blow Bottles (Incentive Spirometer)	2	3	0	5	<input type="checkbox"/>	<input type="checkbox"/>
Dietary Explanations	2	3	0	6	<input type="checkbox"/>	<input type="checkbox"/>
Preoperative Instructions	2	3	0	7	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Tests	2	3	0	8	<input type="checkbox"/>	<input type="checkbox"/>
Disease/Condition Related Instructions	2	3	0	9	<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy Instructions	2	3	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Dressing Change	2	3	1	1	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic Instructions	2	3	1	3	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Breast Feeding	2	4	2	6	<input type="checkbox"/>	<input type="checkbox"/>

**CONSTRAINTS:**

Intravenous Line/Heparin Lock  
 Arterial Line/Swan Ganz  
 Central Venous Pressure Line  
 Umbilical Vein/Artery Infusion System  
 Hemodialysis Shunt  
 Respirator/Endotracheal Tube  
 Respirator/Tracheostomy Tube  
 Endotracheal Tube  
 Tracheostomy Tube  
 Oxygen Administration  
 Oxyhood  
 Croup Tent

0	0	0	1		
0	0	0	2		
0	0	0	3		
0	0	3	6		
0	0	2	5		
0	0	0	5		
0	0	5	2		
0	0	0	8		
0	0	1	9		
0	0	0	7		
0	0	3	5		
0	0	5	0		

Extremity Traction (INVASIVE)  
 Extremity Traction (NON-INVASIVE)  
 Clavicle Splint  
 Extremity Splint  
 Body Cast  
 Extremity Cast  
 Restraints  
 Stryker/Foster Frame/CircElectric Bed

0	0	5	4		
0	0	2	6		
0	0	5	8		
0	0	4	1		
0	0	1	7		
0	0	1	6		
0	0	1	5		
0	0	1	2		

Isolettes  
 Radiant Warmer  
 Bed Cradle

0	0	3	2		
0	0	4	0		
0	0	3	8		

Sand Bags

0	0	5	9	<input type="checkbox"/>	<input type="checkbox"/>
0	0	0	4	<input type="checkbox"/>	<input type="checkbox"/>

Cardiac Monitor/Apnea Monitor

Hypothermia Blanket

0	0	2	2	<input type="checkbox"/>	<input type="checkbox"/>
0	0	5	3	<input type="checkbox"/>	<input type="checkbox"/>

Telethermometer

Temperature Probe

0	0	3	4	<input type="checkbox"/>	<input type="checkbox"/>
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Nasogastric/Oral Gastric Tube

0	0	0	9	<input type="checkbox"/>	<input type="checkbox"/>
0	0	1	0	<input type="checkbox"/>	<input type="checkbox"/>

Chest Tube

0	0	0	6	<input type="checkbox"/>	<input type="checkbox"/>
0	0	1	4	<input type="checkbox"/>	<input type="checkbox"/>

Foley Catheter

Condom Catheter

0	0	4	2	<input type="checkbox"/>	<input type="checkbox"/>
0	0	1	0	<input type="checkbox"/>	<input type="checkbox"/>

Uterostomy Tube

Nephrostomy Tube

Urine Collection Bag/Pediatric

Gastrostomy Tube

Colostomy/Ileostomy/Ileocecostomy Bag

0	0	3	3	<input type="checkbox"/>	<input type="checkbox"/>
0	0	2	1	<input type="checkbox"/>	<input type="checkbox"/>

0	0	3	7	<input type="checkbox"/>	<input type="checkbox"/>
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Hemovac/Drainage Tubes

Blind (Temporary/Permanent)

Loss of Voice (Temporary/Permanent)

Loss of Extremity

Deaf

0	0	1	8	<input type="checkbox"/>	<input type="checkbox"/>
0	0	4	4	<input type="checkbox"/>	<input type="checkbox"/>

0	0	4	5	<input type="checkbox"/>	<input type="checkbox"/>
0	0	4	6	<input type="checkbox"/>	<input type="checkbox"/>

0	0	4	7	<input type="checkbox"/>	<input type="checkbox"/>
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Non-English Speaking

Paralysis/Hemiplegia/Paraplegia/Quadriplegia

0	0	5	1	<input type="checkbox"/>	<input type="checkbox"/>
0	0	6	0	<input type="checkbox"/>	<input type="checkbox"/>

**APPENDIX F**

**Frequency Distribution of Direct Nursing Care Activities for  
Critical Care and Medical/Surgical**

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0101	Bathing, Complete	0-6	.789	.704	0	73	40.6
					1	79	43.9
					2	24	13.3
					3	3	1.7
					6	1	.6
0102	Bathing, Assist with Back and Legs	0-1	.228	.177	0	139	77.2
					1	41	22.8
0103	Oral Hygiene	0-22	3.783	21.076	0	79	43.9
					1	2	1.1
					2	15	8.3
					3	20	11.1
					4	4	2.2
					6	14	7.8
					8	6	3.3
					9	2	1.1
					10	27	15.0
					11	1	.6
					12	7	3.9

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0101	Bathing, Complete	0-6	.789	.704	0	73	40.6
					1	79	43.9
					2	24	13.3
					3	3	1.7
					6	1	.6
0102	Bathing, Assist with Back and Legs	0-1	.228	.177	0	139	77.2
					1	41	22.8
0103	Oral Hygiene	0-22	3.783	21.076	0	79	43.9
					1	2	1.1
					2	15	8.3
					3	20	11.1
					4	4	2.2
					6	14	7.8
					8	6	3.3
					9	2	1.1
					10	27	15.0
					11	1	.6
					12	7	3.9

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0104	AM Care	0-1	.550	.553	0	81	45.0
					1	99	55.0
0105	PM Care	0-1	.856	.124	0	26	14.4
					1	154	85.6
0106	Nail Care	0-1	.050	.048	0	171	95.0
					1	9	5.0
0107	Shampoo	0-2	.233	.213	0	141	78.3
					1	36	20.0
0108	Shaving	0-1	.361	.232	0	115	63.9
					1	65	36.1

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
0109	Occupied Bed	0-6	.861	1.282	0	88	48.9	
					1	51	28.3	
					2	29	16.1	
					3	8	4.4	
					4	1	.6	
					6	3	1.7	
0110	Unoccupied Bed	0-4	.456	.316	0	101	56.1	
					1	78	43.3	
					4	1	.6	
0111	Changing Bottom Sheet	0-6	.078	.407	0	176	97.8	
					1	2	1.1	
					6	2	1.1	
0112	AM Care, Utensils Provided	0-1	.172	.143	0	149	82.8	
					1	31	17.2	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0113	Bathing, Utensils Provided	0-1	.033	.032	0	174	96.7
					1	6	3.3
0114	AM Care, Partial	0-1	.172	.143	0	149	82.8
					1	31	17.2
0115	Sitting Shower/Shower with Assistance	0-3	.083	.133	0	169	93.9
					1	8	4.4
					2	2	1.1
					3	1	.6
0116	Tub Bath	0-1	.039	.038	0	173	96.1
					1	7	3.9
0117	Changing Top Sheet	0-6	.078	.407	0	176	97.8
					1	2	1.1
					6	2	1.1

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
							5-T
0118	Changing Bed Linen Protector/ Chux	0-48	4.778	65.246	0	89	49.4
					1	9	5.0
					2	5	2.8
					3	16	8.9
					4	6	3.3
					5	4	2.2
					6	9	5.0
					8	2	1.1
					9	2	1.1
					10	3	1.7
					12	21	11.7
					15	1	.6
					16	2	1.1
					18	1	.6
					24	4	2.2
					30	1	.6
					32	1	.6
					36	3	1.7
					48	1	.6

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	
0201	Feeding	0-6	.561	1.711	0	150	83.3	
					2	1	.6	
					3	23	12.8	
					4	1	.6	
					5	4	2.2	
					6	1	.6	
0202	Fluid	0-24	2.817	23.167	0	113	62.8	
					1	3	1.7	
					2	2	1.1	
					3	7	3.9	
					4	4	2.2	
					5	6	3.3	
					6	20	11.1	
					8	2	1.1	
					9	10	5.6	
					10	1	.6	
					12	5	2.8	
					13	1	.6	
					16	2	1.1	

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CODE	NURSING ACTIVITY	MEDICAL/SURGICAL NURSING			ADJUSTED FREQ BY % OF CASES
		RANGE	MEAN	VARIANCE	
0203	Snack	0-4	.328	.791	.6
0204	Serving Meal Tray, Preparation Required	0-3	.733	1.582	1.7
0205	Special Feeding - Nasogastric	0-8	.044	.356	1.1
0206	Special Feeding - Gastrostomy	0-6	.067	.398	2.2

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0207	Special Feeding - Hyperalimentation, Intravenous	0-7	.306	1.163	0	162	90.0
					1	4	2.2
					2	3	1.7
					3	6	3.3
					4	2	1.1
					5	1	.6
					7	2	1.1
0208	Measuring & Recording Intake	0-26	6.494	54.687	0	77	42.8
					1	1	.6
					3	11	6.1
					5	1	.6
					6	14	7.8
					7	6	3.3
					8	7	3.9
					9	11	6.1
					11	3	1.7
					12	18	10.0
					14	1	.6
					15	7	3.9

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## **FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING**

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
							6-7
0209	Special Feeding - Nasogastric, Continuous with Infusion Pump	0-8	.206	1.326	0	174	96.7
					3	1	.6
					6	3	1.7
					8	2	1.1
0210	Special Feeding - Nasogastric, Continuous with Gastric Feeding Equipment	0-8	.528	2.787	0	162	90.0
					1	1	.6
					3	3	1.7
					5	1	.6
					6	12	6.7
							1

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ			ADJUSTED FREQ BY % OF CASES
					NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	% OF CASES	
0211	Serving Meal Tray, No Preparation Required	0-3	.483	1.134	0	147	81.7	
					1	4	2.2	
					2	4	2.2	
					3	25	13.9	
								0-.1
0301	Measuring & Recording Output - Urine	0-96	10.722	197.084	0	54	30.0	
					2	4	2.2	
					3	27	15.0	
					4	6	3.3	
					5	3	1.7	
					6	18	10.0	
					7	2	1.1	
					8	2	1.1	
					9	2	1.1	
					10	4	2.2	
					12	2	1.1	
					15	2	1.1	
					16	2	1.1	
					22	1	.6	
					24	41	22.8	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
0302	Measuring & Recording Output - Liquid Feces	0-12	.306	1.979	0	167	92.8	.6
					1	2	1.1	
					2	2	1.1	
					3	5	2.8	
					6	2	1.1	
					10	1	.6	
					12	1	.6	
0303	Measuring & Recording Output - Vomitus	0-12	.133	1.055	0	174	96.7	.6
					1	3	1.7	
					3	1	.6	
					6	1	.6	
					12	1	.6	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ.	ABSOLUTE FREQ. BY CASES	ADJUSTED FREQ. BY % OF CASES
0304	Measuring & Recording Output - Drainage Bottles, All Types	0-54	2.822	94.236	0	143	79.4
					1	1	.6
					3	22	12.2
					6	1	.6
					7	1	.6
					9	1	.6
					12	1	.6
					22	1	.6
					30	2	1.1
					32	1	.6
					38	1	.6
					48	2	1.1
					51	1	.6
					54	2	1.1

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0305	Giving a Bedpan	0-15	1.039	7.278	0	142	78.9
					1	11	6.1
					2	3	1.7
					3	6	3.3
					4	2	1.1
					6	3	1.7
					7	1	.6
					8	4	2.2
					9	2	1.1
					10	3	1.7
					12	2	1.1
					15	1	.6
0306	Giving a Urinal	0-12	1.122	6.208	0	142	78.9
					1	3	1.7
					2	5	2.8
					3	3	1.7
					4	2	1.1
					5	3	1.7
					6	13	7.2

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0307	Incontinent Care	0-12	1.206	6.913	0	130	72.2
					1	11	6.1
					2	6	3.3
					3	10	5.6
					4	8	4.4
					6	5	2.8
					8	2	1.1
					9	2	1.1
					10	2	1.1
					12	4	2.2
0308	Output Weight - Diaper /Bed Linens	0-6	.050	.249	0	178	98.9
					3	1	.6
					6	1	.6

MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
0401	Mobility - Ambulating First Time	0-1	.039	.038	0	173	96.1	9.9
0402	Mobility - Bed to Floor	0-8	.111	.524	0	174	96.7	.6
					1	1		
					2	1		
					3	3		
					8	1		
								.6
0403	Mobility - Bed to Chair	0-24	1.100	6.113	0	132	73.3	
					2	9		
					3	16		
					4	11		
					5	4		
					6	6		
					8	1		
					24	1		
0404	Mobility - Bedside Commode	0-9	.294	1.438	0	163	90.6	7

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
					2	4	2.2
					5	1	.6
					6	4	2.2
					9	1	.6
							9.7
0405	Mobility - Assistance While Walking	0-12	.900	4.437	0	142	78.9
					1	5	2.8
					2	5	2.8
					3	8	4.4
					4	5	2.8
					5	4	2.2
					6	5	2.8
					7	1	.6
					8	2	1.1
					9	2	1.1
					12	1	.6
0406	Mobility - Sitting on Side of Bed	0-6	.111	.367	0	172	95.6
					1	2	1.1
					2	3	1.7

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
					3	2	1.1
					6	1	.6
0501	Changing Patient's Position in Bed	0-24	5.661	39.242	0	87	48.3
					2	2	1.1
					3	2	1.1
					4	3	1.7
					6	9	5.0
					7	1	.6
					8	6	3.3
					9	4	2.2
					10.	3	1.7
					11	1	.6
					12	54	30.0
					15	1	.6
					16	2	1.1
					20	1	.6
					24	4	2.2

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	46.7
0502	Adjusting Position of Bed	0-24	3.672	19.216	0	34		
					1	1	.6	
					2	2	1.1	
					3	14	7.8	
					4	10	5.6	
					5	4	2.2	
					6	31	17.2	
					7	1	.6	
					8	9	5.0	
					9	5	2.8	
					10	3	1.7	
					11	1	.6	
					12	11	6.1	
					14	1	.6	
					15	1	.6	
					18	1	.6	
					24	1	.6	
								98.9
0503	Turning Frame , All Types	0-10	.078	.642	0	178		
						4	1	.6
						10	1	.6

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0504	Mobility - Bed to Stretcher	0-8	.506	2.263	0	157	87.2
			1		2	1.1	
			2		5	2.8	
			4		11	6.1	
			5		1	.6	
			6		1	.6	
			8		3	1.7	
0505	Adjusting Siderail	0-96	31.656	1248.037	0	62	34.4
			2		3	1.7	6.1
			4		4	2.2	
			6		5	2.8	
			8		1	.6	
			10		2	1.1	
			12		9	5.0	
			14		2	1.1	
			16		2	1.1	
			20		2	1.1	
			22		2	1.1	
			24		10	5.6	

## **FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING**

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY CASES	% OF CASES
		28	1		.6			
		30	2		1.1			
		36	2		1.1			
		40	4		2.2			
		48	30		16.7			
		50	2		1.1			
		54	1		.6			
		60	1		.6			
		80	1		.6			
		96	32		17.8			
						149	82.8	
0506	Adjusting Restraint	0-96	3.422	122.703	0			
					2	2	1.1	
					3	1	.6	
					4	1	.6	
					5	1	.6	
					6	4	2.2	
					9	1	.6	
					12	6	3.3	
					13	1	1	

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0506 Adjusting Restraint

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
		18	1				.6
		20	1				.6
		24	8				4.4
		48	2				1.1
		60	1				.6
		96	1				.6
0507	Fowlers/Trendelenburg Position	0-24	.689	5.422	0	143	79.4
					1	13	7.2
					2	9	5.0
					3	7	3.9
					4	1	.6
					6	4	2.2
					8	1	.6
					12	1	.6
					24	1	.6
0601	Exercise - Active	0-12	.544	2.562	0	153	85.0
					1	3	1.7
					2	9	5.0

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							F-22	
0602	Exercise - Passive	0-12	2.206	9.706	0	105	58.3	
					1	2	1.1	
					2	5	2.8	
					3	13	7.2	
					4	12	6.7	
					5	2	1.1	
					6	34	18.9	
					12	7	3.9	
0701	Orientation to Clinical Unit	0-12	.222	1.090	0	162	90.0	
					1	10	5.6	
					2	4	2.2	
					3	2	1.1	
					4	1	.6	
					12	1	.6	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0702	Explanation of Procedures and Tests	0-52	3.933	53.850	0	95	52.8
			1		8		4.4
			2		12		6.7
			3		6		3.3
			4		8		4.4
			5		7		3.9
			6		8		4.4
			8		3		1.7
			10		5		2.8
			11		2		1.1
			12		18		10.0
			14		1		.6
			16		1		.6
			17		1		.6
			24		2		1.1
			36		1		.6
			48		1		.6
			52		1		.6
0703	Answering Patient's Question	0-96	7.883	136.595	0	68	37.8

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
			1		1	1	.6
			2		1	1	.6
			3		3	1.7	
			4		7	3.9	
			5		3	1.7	
			6		30	16.7	
			8		4	2.2	
			9		6	3.3	
			10		5	2.8	
			12		30	16.7	
			16		2	1.1	
			18		4	2.2	
			20		1	.6	
			24		7	3.9	
			30		2	1.1	
			48		5	2.8	
			96		1	.6	
0704	Visiting with Patient / Purposeful Interaction	0-96	17.761	166.362	0	12	6.7
					2	1	.6

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							F-25	F-26
		3	2		1.1			
		4	1		.6			
		5	1		.6			
		6	23		12.8			
		8	6		3.3			
		9	4		2.2			
		10	5		2.8			
		12	30		16.7			
		15	1		.6			
		16	5		2.8			
		18	8		4.4			
		20	1		.6			
		24	64		35.6			
		27	1		.6			
		30	1		.6			
		36	2		1.1			
		48	11		6.1			
		96	1		.6			
						5		2.8
0801	Blood Pressure, Manual	0-48	12.706	274.779	0			

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
		1	9		5.0		
		2	11		6.1		
		3	21		11.7		
		4	21		11.7		
		5	3		1.7		
		6	41		22.8		
		8	3		1.7		
		9	2		1.1		
		10	3		1.7		
		11	1		.6		
		12	16		8.9		
		14	1		.6		
		16	1		.6		
		20	2		1.1		
		21	1		.6		
		24	18		10.0		
		25	1		.6		
		27	1		.6		
		28	2		1.1		
		36	2		1.1		

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
0802	Pulse - Radial / Brachial	0-36	1.883	32.830	0	155	86.1	
					4	4	2.2	
					6	5	2.8	
					9	1	.6	F-27
					10	2	1.1	
					11	1	.6	
					12	2	1.1	
					14	1	.6	
					16	1	.6	
					20	2	1.1	
					24	4	2.2	
					27	1	.6	
					36	1	.6	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							T-2	% OF CASES
0803	Pulse - Apical	0-96	8.783	309.701	0	109	60.6	
					1	14	7.8	
					3	3	1.7	
					4	2	1.1	
					5	2	1.1	
					6	2	1.1	
					12	11	6.1	
					20	1	.6	
					24	18	10.0	
					28	2	1.1	
					36	2	1.1	
					38	1	.6	
					40	1	.6	
					42	1	.6	
					48	6	3.3	
					72	3	1.7	
					96	2	1.1	
0804	Respirations	0-96	9.789	265.788	0	107	59.4	
					4	3	1.7	
					6	6	3.3	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
		9	1			.6	
		10	2			1.1	
		11	1			.6	
		12	13			7.2	
		14	1			.6	
		16	2			1.1	
		19	1			.6	
		20	1			.6	
		21	1			.6	
		24	24			13.3	
		28	2			1.1	
		36	3			1.7	
		38	1			.6	
		40	1			.6	
		42	1			.6	
		48	5			2.8	
		72	3			1.7	
		96	1			.6	
					0	163	90.6
0805	Temperature - Oral, Electronic or Mercury	0-7	.411	1.964		1	.6

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
0806	Temperature - Rectal, Electronic or Mercury	0-42	5.528	80.050	0	117	65.0	65.0
					6	14	7.8	7.8
					8	2	1.1	1.1
					10	4	2.2	2.2
					12	13	7.2	7.2
					13	1	.6	.6
					14	1	.6	.6
					18	3	1.7	1.7
					24	24	13.3	13.3
					42	1	.6	.6
0807	Temperature - Axillary, Electronia or Mercury	0	0	0	0	180	100.0	100.0
0808	Oral Temperature, Pulse, and Respirations	0-12	2.522	7.726	0	77	42.8	42.8
					1	8	4.4	4.4
					2	11	6.1	6.1

## **FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING**

0810 Pulse - Doppler 0-96 1.483 116,899

97.2 175 1 6

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0901	Ambulatory Weight	0-1	.233	.180	0	138	76.7
					1	42	23.3
0902	Bed Scale Weight	0-3	.444	.394	0	112	62.2
					1	57	31.7
					2	10	5.6
					3	1	.6
0903	Abdominal Girth Measurement	0-12	.106	1.000	0	177	98.3
					1	1	.6
					6	1	.6
					12	1	.6

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0904	Extremity Circumference Measurement	0-3	.033	.077	0	177	98.3
					1	1	.6
					2	1	.6
					3	1	.6
1001	Monitor Leads Application/Exchange	0-10	.778	1.548	0	102	56.7
					1	41	22.8
					2	24	13.3
					3	9	5.0
					4	2	1.1
					6	1	.6
					10	1	.6
1002	Rhythm Strip - Monitor	0-24	3.922	46.608	0	110	61.1
					1	1	.6
					3	8	4.4
					4	1	.6
					6	34	18.9
					7	2	1.1
					8	1	.6
					9	1	.6

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
1003	12 Lead ECG	0-4	.383	.606	0	132	73.3	73.3
					1	37	20.6	20.6
					2	3	1.7	1.7
					3	6	3.3	3.3
					4	2	1.1	1.1
1004	Central Venous Pressure	0-24	1.633	32.111	0	163	90.6	90.6
					6	5	2.8	2.8
					12	2	1.1	1.1
					24	10	5.6	5.6
1005	Heart Sounds Assessment	0-42	2.756	35.672	0	98	54.4	54.4
					1	13	7.2	7.2
					2	3	1.7	1.7
					3	42	23.3	23.3
					5	1	.6	.6
					6	9	5.0	5.0
					35			

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FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

<u>CODE</u>	<u>NURSING ACTIVITY</u>	<u>RANGE</u>	<u>MEAN</u>	<u>VARIANCE</u>	<u>NURSING ACTIVITY FREQ</u>	<u>ABSOLUTE FREQ BY CASES</u>	<u>ADJUSTED FREQ BY CASES</u>
					8	1	.6
					12	3	1.7
					20	2	1.1
					22	1	.6
					24	6	3.3
					42	1	.6
1006	Pulmonary Artery Pressure Wedge	0-24	1.833	37.134	0	162	90.0
					2	2	1.1
					6	1	.6
					10	1	.6
					12	2	1.1
					22	1	.6
					24	11	6.1
1007	Pulmonary Artery Pressure	0-10	.056	.556	0	179	99.4
					10	1	.6

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1008	Monitor Reading - Blood Pressure/ Heart Rate/ Pulmonary Artery Pressure/ Central Venous Pressure	0-99	7.906	589.483	0	156	86.7
			10		2		1.1
			12		2		1.1
			15		1		.6
			19		1		.6
			22		1		.6
			24		2		1.1
			48		3		1.7
			72		1		.6
			96		10		5.6
			99		1		.6
							96.1
1009	Rhythm Strip Measurements	0-24	3.494	43.983	0	118	65.6
					2	1	.6
					3	8	4.4
					4	1	.6
					6	29	16.1
					7	2	1.1
					8	1	.6
					9	1	.6

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
1010	Rhythm Strip - ECG Machine	0-1	.011	.011	12	5	2.8	
					22	1	.6	
					24	13	7.2	
1011	Cardiac Output Measurement	0-8	.111	.647	0	176	97.8	
					3	2	1.1	
					6	1	.6	
					8	1	.6	
1012	Adjusting Cardiac Monitor / Connecting Leads/Reset Alarm	0-96	6.778	209.962	0	111	61.7	
					3	2	1.1	
					4	1	.6	
					6	22	12.2	
					8	1	.6	
					9	2	1.1	
					12	19	10.6	
					14	1	.6	

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING	ABSOLUTE	ADJUSTED
					ACTIVITY FREQ	BY CASES	FREQ BY CASES
1101	Pupil Reflexes	0-24	3.939	54.091	0	115	63.9
					1	1	.6
					2	2	1.1
					3	14	7.8
					6	21	11.7
					8	1	.6
					12	8	4.4
					24	18	10.0
1102	Mental Alertness	0-48	9.589	113.584	0	45	25.0
					1	5	2.8
					2	3	1.7
					3	26	14.4
					4	5	2.8
					39		

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
			6		27	15.0	
			7		1	.6	
			8		1	.6	
			9		4	2.2	
			12		13	7.2	
			14		1	.6	
			15		2	1.1	
			20		2	1.1	
			24		41	22.8	
			36		1	.6	
			48		3	1.7	
1103	Sensory Discrimination	0-6	.100	.593	0	177	98.3
1104	Orientation	0-48	7.950	103.657	0	75	41.7
					1	5	2.8
					3	17	9.4
					4	6	3.3
					6	19	10.6

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	ADJUSTED ABSOLUTE FREQ BY CASES		
					% OF CASES	F-40	
		9	9		3	1.7	
		12	12		9	5.0	
		13	13		1	.6	
		14	14		1	.6	
		15	15		1	.6	
		20	20		2	1.1	
		24	24		39	21.7	
		36	36		1	.6	
		48	48		1	.6	
					95	52.8	
1105	Motor/Sensory Testing	0-48	4.433	57.107	0		
					1	.6	
					3	13.9	
					4	2	1.1
					5	1	.6
					6	29	16.1
					7	1	.6
					12	10	5.6
					24	15	8.3
					48	1	.6

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1201	Vital Capacity	0-12	.217	2.416	0	176	97.8
					3	1	.6
					12	3	1.7
1202	Pulmonary Assessment	0-48	6.467	65.502	0	37	20.6
					1	13	7.2
					2	3	1.7
					3	52	28.9
					4	1	.6
					5	3	1.7
					6	27	15.0
					8	2	1.1
					12	21	11.7
					24	19	10.6
					36	1	.6
					48	1	.6
1301	Nasogastric Tube - Insertion	0-6	.161	.315	0	157	87.2
					1	21	11.7
					2	1	.6
					6	1	.6

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1302	Nasogastric Tube - Irrigation	0-13	.344	2.942	0	169	93.9
			1		1	1	.6
			3		6	3.3	
			6		1	1	.6
			12		2	1.1	
			13		1	1	.6
1303	Nasogastric Tube - Removal	0-5	.117	.215	0	163	90.6
			1		16	8.9	
			5		1	1	.6
1304	Enema - Cleansing	0-1	.028	.027	0	175	97.2
			1		5	2.8	
1305	Enema - Retention	0	0	0	0	180	100.0
1306	Colostomy - Irrigation	0-1	.017	.016	0	177	98.3
			1		1	3	1.7

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL, NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1307	Colostomy - Dressing Change	0-4	.039	.105	0	176	97.8
					1	3	1.7
					4	1	.6
1308	Lavage	0-1	.006	.006	0	179	99.4
					1	1	.6
1309	Paracentesis	0	0	0	0	180	100.0
1310	Dressing Change - Ileostomy/Ileocecostomy	0	0	0	0	180	100.0
						140	77.8
1311	Nasogastric Tube - Instillation	0-24	2.311	30.115	0	1	1.1
					1	2	
					2	6	3.3
					3	1	.6
					4	2	1.1
					5	1	.6
					6	2	1.1
					7	1	.6
					8	2	1.1

## **FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING**

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1317	Rectal Tube Removal	0-1	.006	.006	0	179	99.4
					1	1	.6
1401	Oxygen Administration - Nasal	0	0	0	0	180	100.0
1402	Oxygen Administration - Mask	0-48	1.839	52.940	0	159	88.3
					1	1	.6
					2	1	.6
					3	3	1.7
					6	2	1.1
					8	2	1.1
					9	1	.6
					10	2	1.1
					12	2	1.1
					14	1	.6
					24	2	1.1
					32	1	.6
					48	3	1.7

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ADJUSTED  
FREQ BY  
% OF CASES

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1403	Oxygen Administration - Prongs	0-24	1.067	11.102	0	157	87.2
					3	2	1.1
					4	2	1.1
					6	11	6.1
					8	1	.6
					9	1	.6
					12	2	1.1
					15	1	.6
					16	2	1.1
					24	1	.6
						180	100.0
1404	Endotracheal/Tracheostomy Tube Pressure Cuff	0	0	0			
1406	Chest Tube - Care	0-2	.017	.028	0	178	98.9
					1	1	.6
					2	1	.6
1407	Chest Tube - Changing Bottles	0-2	.017	.028	0	178	98.9
					1	1	.6
					2	1	.6
						47	

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ADJUSTED FREQ BY % OF CASES	
						ABSOLUTE FREQ BY CASES	% OF CASES
1408	Tracheostomy - Cleaning Cannula	0-3	.350	.933	0	159	88.3
					3	21	11.7
							F-47
1409	Chest Pulmonary Therapy - Frappage with Postural Drainage	0-16	2.367	17.474	0	127	70.6
					1	1	.6
					3	2	1.1
					4	8	4.4
					5	1	.6
					6	19	10.6
					12	21	11.7
					16	1	.6

## DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1411	Suctioning - Oral	0-48	5.189	90.646	0	126	70.0
					2	2	1.1
					3	1	.6
					4	4	2.2
					5	1	.6
					6	1	.6
					7	1	.6
					8	1	.6
					9	1	.6
					12	13	7.2
					18	4	2.2
					24	22	12.2
					36	2	1.1
					48	1	.6
1412	Suctioning - Tracheostomy	0-36	2.167	45.760	0	161	89.4
					12	6	3.3
					18	3	1.7
					24	8	4.4
					36	2	1.1

## **FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/ SURGICAL NURSING**

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							ACTIVITY FREQ	% OF CASES
1413	Suctioning - Naso-Tracheal	0-12	.156	1.674	0	177	98.3	
					4	1	.6	
					12	2	1.1	
1414	Suctioning - Endotracheal	0=48	2.944	58.187	0	149	92.8	
					3	1	.6	
					4	3	1.7	
					5	1	.6	
					7	1	.6	
					8	1	.6	
					9	1	.6	
					12	7	3.9	
					18	1	.6	
					24	14	7.8	
					48	1	.6	
1415	IPPB Treatment	0=6	.344	1.568	0	166	92.2	
					1	1	.6	
					3	1	.6	
					4	7	3.9	
					6	5	2.8	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1416	Respiratory Resuscitation	0=4	.044	.110	0-4	175	97.2
					1	4	2.2
					4	1	.6
1417	Thoracentesis	0-1	.011	.011	0	178	98.9
					1	2	1.1
1418	Blow Bottles	0-12	.389	2.820	0	170	94.4
					4	1	.6
					6	5	2.8
					8	3	1.7
					12	1	.6
1419	Cough & Deep Breath	0-24	3.056	28.243	0	116	64.4
					3	8	4.4
					4	9	5.0
					5	1	.6
					6	18	10.0
					7	1	.6
					8	5	2.8
					9	1	.6

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## MEDICAL/SURGICAL NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
					12	13	7.2
					15	1	.6
					16	2	1.1
					22	1	.6
					24	4	2.2
1420	Incentive Spirometer	0-24	1.033	9.988	0	156	86.7
					3	2	1.1
					4	6	3.3
					6	6	3.3
					8	3	1.7
					9	1	.6
					12	4	2.2
					15	1	.6
					24	1	.6
1421	Intubation	0-2	.094	.097	0	164	91.1
					1	15	8.3
					2	1	.6

## **CONSEQUENTY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING**

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY			ADJUSTED FREQ BY % OF CASES
					FREQ	ABSOLUTE FREQ BY CASES	% OF CASES	
1422	Positioning for X-Ray	0-8	.933	2.543	0	109	60.6	
					1	33	18.3	
					2	13	7.2	
					3	10	5.6	
					4	5	2.8	
					5	4	2.2	
					6	4	2.2	
					7	1	.6	
					8	1	.6	
1423	Tracheostomy - Dressing Change	0-6	.333	1.095	0	162	90.0	
					3	16	8.9	
					6	2	1.1	
1424	Oxygen Administration - Mist with collar/Face Tent	0-72	.533	31.893	0	178	98.9	
					24	1	.6	
					72	1	.6	
1426	Suctioning - Bulb Syringe	0	0	0	0	180	100.0	

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL, NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
1427	Maximist Treatment	0	0	0	0	180	100.0	100.0
1428	Chest Tube - Insertion	0-2	.078	.128	0	171	95.0	95.0
					1	4	2.2	2.2
					2	5	2.8	2.8
1429	Chest Tube - Removal	0-2	.083	.144	0	171	95.0	95.0
					1	3	1.7	1.7
					2	6	3.3	3.3
1430	Extubation	0-1	.089	.081	0	164	91.1	91.1
					1	16	8.9	8.9
1431	Bronchoscopy	0-1	.011	.011	0	178	98.9	98.9
					1	2	1.1	1.1
1501	Venipuncture - Blood Sample	0-8	.789	1.855	0	103	57.2	57.2
					1	46	25.6	25.6
					2	18	10.0	10.0
					3	5	2.8	2.8

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## NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1502	Venipuncture - Blood Culture	0-3	.267	.509	0	152	84.4
					1	16	8.9
					2	4	2.2
					3	8	4.4
1503	Arterial Puncture - Blood Gases	0-8	.461	1.401	0	147	87.1
					1	7	3.9
					2	15	8.3
					3	6	3.3
					4	2	1.1
					6	2	1.1
					8	1	.6
1504	Intravenous Infusion - Flow Rate	0-99	22.483	854.709	0	76	42.2
					1	1	.6
					2	1	.6

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
			5		5	3	1.7
			6		6	1	.6
			9		9	1	.6
			10		10	1	.6
			12		12	6	3.3
			17		17	1	.6
			20		20	1	.6
			24		24	52	28.9
			35		35	1	.6
			36		36	1	.6
			48		48	10	5.6
			66		66	1	.6
			72		72	6	3.3
			75		75	1	.6
			76		76	1	.6
			85		85	1	.6
			96		96	8	4.4
			99		99	6	3.3

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CODES FOR NURSES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1505	Intravenous Infusion - Initiating	0~5	.333	.615	0	141	78.8
					1	28	15.6
					2	4	2.2
					3	5	2.8
					4	1	.6
					5	1	.6
1506	Intravenous Infusion - Change IV Bottles	0~30	2.494	16.263	0	84	46.7
					1	14	7.8
					2	22	12.2
					3	20	11.1
					4	8	4.4
					5	7	3.9
					6	6	3.3
					7	1	.6
					8	4	2.2
					9	2	1.1
					10	2	1.1
					11	2	1.1
					12	2	1.1
					14	3	1.7

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
1507	Intravenous Infusion - IV Push Medication	0-25	2.378	19.544	0	118	65.6	.6
					1	4	2.2	
					2	4	2.2	
					3	10	5.6	
					4	6	3.3	
					5	6	3.3	
					6	6	3.3	
					7	4	2.2	
					8	5	2.8	
					9	2	1.1	
					10	4	2.2	
					11	2	1.1	
					12	2	1.1	
					13	1	.6	
					14	1	.6	
					15	1	.6	
					16	1	.6	

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
			17		1	1	.6
			24		1	1	.6
			25		1	1	.6
						F-58	
1508	Intravenous Infusion - IV Catheter Care	0=6	.672	.959	0	98	54.4
					1	61	33.9
					2	9	5.0
					3	8	4.4
					4	3	1.7
					6	1	.6
1509	Intravenous Infusion - Piggy-Back Medication	0-20	2.489	17.089	0	113	62.8
					1	2	1.1
					2	3	1.7
					3	6	3.3
					4	16	8.9
					5	5	2.6
					6	11	6.1
					7	2	1.1
					8	6	3.3

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ADJUSTED ABSOLUTE FREQ BY CASES		% OF CASES
						% OF CASES	% OF CASES	
			9		4		2.2	
			10		1		.6	
			11		3		1.7	
			12		3		1.7	
			16		1		.6	
			18		3		1.7	
			20		1		.6	
						78.3		
1510	Intravenous/Arterial Line - Termination	0-3	.289	.397	0	141		
					1	30	16.7	
					2	5	2.8	
					3	4	2.2	
						65.1		
1511	Intravenous Infusion - Infusion Pump Setup	0-8	.483	1.078	0	129	71.7	
					1	30	16.7	
					2	16	8.9	
					3	1	.6	
					4	2	1.1	
					5	1	.6	
					8	1	.6	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1512	Elastic Stockings	0-4	.600	.956	0	115	63.9
					1	41	22.8
					2	7	3.9
					3	15	8.3
					4	2	1.1
1513	Ace Bandage	0=3	.022	.055	0	178	98.9
					1	1	.6
					3	1	.6
1514	Intravenous Infusion - Blood	0-24	.517	5.067	0	156	86.7
					1	5	2.8
					2	12	6.7
					3	1	.6
					4	2	1.1
					8	1	.6
					10	1	.6
					11	1	.6
					24	1	.6

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	
1515	Intravenous/Arterial Line - Blood Sample	0-26	2.356	41.359	0	151	83.9	
		1			1	1		.6
		2			1	1		.6
		3			2	2		1.1
		4			2	2		1.1
		5			1	1		.6
		6			1	1		.6
		9			2	2		1.1
		10			1	1		.6
		11			1	1		.6
		12			1	1		.6
		14			2	2		1.1
		15			2	2		1.1
		19			1	1		.6
		20			1	1		.6
		24			4	4		2.2
		25			4	4		2.2
		26			2	2		1.1

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1516	Arterial Line - Transducer Exchange	0-2	.094	.164	0	170	94.4
					1	3	1.7
					2	7	3.9
1517	Arterial Line - Arterial Line Setup	0-1	.072	.067	0	167	92.8
					1	13	7.2
1518	Arterial Line - Swan-Ganz Catheter Setup	0-1	.067	.063	0	168	93.3
					1	12	6.7
1520	Intravenous Infusion - Platelets/Plasma	0-24	.678	7.728	0	155	86.1
					1	3	1.7
					2	11	6.1
					3	3	1.7
					4	1	.6
					5	2	1.1
					7	1	.6
					8	1	.6
					14	1	.6
					21	1	.6
					24	1	.6

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1521	External Pacemaker	0-2	.011	.022	0 2	179 1	99.4 .6
1522	Cardiopulmonary Resuscitation	0-2	.033	.055	0 1 2	176 2 2	97.8 1.1 1.1
1523	Cardioversion	0	0	0	0	180	100.0
1526	Swan-Ganz Catheter - Initiation	0-2	.072	.079	0 1 2	168 11 1	93.3 6.1 .6
1527	Swan-Ganz Catheter - Removal	0-1	.044	.043	0 1	172 8	95.6 4.4

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## MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1528	Arterial Line - Initiation	0-1	.078	.072	0	166	92.2
					1	14	7.8
1529	Surgical Intravenous Initiation, Cut Down	0-1	.011	.011	0	178	98.9
					1	2	1.1
1601	Decubitus Care	0-12	.706	6.678	0	164	91.1
					1	1	.6
					3	3	1.7
					4	2	1.1
					6	1	.6
					9	1	.6
					10	1	.6
					12	7	3.9
1602	Skin Care	0-12	5.256	25.465	0	55	30.6
					1	2	1.1
					2	16	8.9
					3	27	15.0
					4	5	2.8

NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ADJUSTED FREQ BY % OF CASES	
						ABSOLUTE FREQ BY CASES	% OF CASES
1603	Suture or Skin Clip Removal , $\geq 15$ $< 4"$ x 8"	0	0	0	0	180	100.0
1604	Small Dressing Change,	0-9	.583	2.792	0	152	84.4
					1	6	3.3
					2	5	2.8
					3	4	2.2
					4	5	2.8
					6	4	2.2
					7	1	.6
					8	1	.6
					9	2	1.1

...and SURGICAL NURSING

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1608	Soaking Hand	0	0	0	4	2	1.1
					6	2	1.1
1609	Soaking Feet	0	0	0	0	180	100.0
1610	Hot Compress	0-36	.428	12.928	0	175	97.2
					3	3	1.7
					32	1	.6
					36	1	.6
1611	Cold Compress	0-9	.078	.586	0	178	98.9
					5	1	.6
					9	1	.6
1612	Sitz Bath	0-3	.017	.050	0	179	99.4
					3	1	.6

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1613	Surgical Prep , Local	0-2	.022	.033	0	177	98.3
					1	2	1.1
					2	1	.6
1614	Surgical Prep , 3-Way	0-2	.033	.066	0	177	98.3
					2	2	1.7
1615	Wound Culture	0-2	.106	.106	0	162	90.0
					1	17	9.4
					2	1	.6
1616	Heat Lamp	0-6	.317	.866	0	156	86.7
					1	3	1.7
					2	16	8.9
					3	2	1.1
					4	1	.6
					6	2	1.1
1617	Back Rub	0-12	1.006	2.184	0	67	37.2
					1	82	45.6
					2	13	7.2

## MEDICAL/NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1619	Air Floatation/Alternating Pressure Mattress Application	0-1	.267	.197	0	132	73.3
					1	48	26.7
1620	Isolation, Gowning and Gloving	0-96	10.006	739.201	0	155	86.1
					1	1	.6
					24	1	.6
					48	9	5.0
					96	14	7.8
1621	Death Care	0	0	0	0	100	100.0
1622	Suture or Skin Clip Removal, < 15	0-1	.006	.006	0	179	99.4
					1	1	.6

## PROCEDURES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
1623	Application of K-Pad	0-24	.328	4.233	0	171	95.0	
					1	1	.6	
					3	4	2.2	
					6	1	.6	
					8	2	1.1	
					24	1	.6	
1701	Eye Care	0-24	.744	10.728	0	168	93.3	
					2	1	.6	
					6	4	2.2	
					12	5	2.8	
					24	2	1.1	
1702	Irrigation - Eye	0-24	.133	3.200	0	179	99.4	
					24	1	.6	
1704	Irrigation - Throat	0	0	0	0	180	100.0	

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	FREQ	FREQ BY CASES		FREQ BY % OF CASES
						CASES	FREQ	
1705	Instillation of Drops - Eye	0=28	2.989	48.659	0	137		76.1
		2			2			1.1
		3			6			3.3
		4			5			2.8
		6			8			4.4
		8			1			.6
		12			5			2.8
		16			1			.6
		24			14			7.8
		28			1			.6
					0	180		100.0
1706	Instillation of Drops - Ear	0	0	0	0			
1707	Instillation of Drops - Nose	0-3	.033	.099	0	178		98.9
					3			1.1
1708	Culture - Nose	0	0	0	0	180		100.0
1709	Culture - Throat	0	0	0	0	180		100.0

## ..... - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1710	Culture - Sputum	0=3	.167	.196	0	154	85.6
					1	23	12.8
					2	2	1.1
					3	1	.6
1801	Pin Care	0-4	.094	.276	0	174	96.7
					2	2	1.1
					3	3	1.7
					4	1	.6
1802	Head Tongs Care	0-2	.011	.022	0	179	99.4
					2	1	.6
1803	Bed Cradle	0-12	.072	.805	0	178	98.9
					1	1	.6
					12	1	.6
1804	Foot Board	0-12	.422	.994	0	116	64.4
					1	62	34.4
					2	1	.6
					12	1	.6
					73		

- - - - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1805	Ice Pack	0-6	.150	.810	0	175	97.2
					4	1	.6
					5	1	.6
					6	3	1.7
1806	Extremity Traction - Application	0-12	.228	2.456	0	175	97.2
					1	1	.6
					4	1	.6
					12	3	1.7
1807	Extremity Elevation	0-24	1.083	19.060	0	165	91.7
					1	2	1.1
					4	1	.6
					6	1	.6
					7	1	.6
					8	1	.6
					12	4	2.2
					24	5	2.8
1808	Cast Care	0-24	.161	3.264	0	177	98.3
					2	1	.6
					74		

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	FREQ	BY CASES	% OF CASES
1809	Extremity Traction-- Adjustment	0-12	.089	.852	0	177	98.3
					1	1	.6
					3	1	.6
					12	1	.6
1810	Seizure Care	0-20	.122	2.242	0	178	98.9
					2	1	.6
					20	1	.6
1811	Circulation Check	0-96	5.678	250.141	0	128	71.1
					3	20	11.1
					4	2	1.1
					5	1	.6
					6	4	2.2
					10	1	.6
					12	2	1.1
					16	1	.6
					18	1	.6

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							%	
1901	Catheterization - Foley	0-2	.178	.158	0	149	82.8	
					1	30	16.7	
					2	1	.6	
1902	Catheterization - Straight	0-6	.061	.270	0	177	98.3	
					2	1	.6	
					3	1	.6	
					6	1	.6	
1903	Foley Catheter Care	0-12	1.250	3.284	0	104	57.8	
					1	4	2.2	
					2	16	8.9	
					3	53	29.4	
					6	1	.6	
					12	2	1.1	

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1904	Urine Specimen - Routine	0-5	.156	.277	0	159	88.3
					1	17	9.4
					2	3	1.7
					5	1	.6
1905	Urine Specimen- Clean Catch / Foley	0-5	.394	.497	0	126	70.0
					1	40	22.2
					2	13	7.2
					5	1	.6
1906	Perineal Care	0-12	.250	1.831	0	169	93.9
					2	6	3.3
					3	3	1.7
					12	2	1.1
1907	Foley Catheter Removal	0-1	.111	.099	0	160	88.9
					1	20	11.1
1908	Douche	0-2	.033	.066	0	177	98.3
					2	3	1.7

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1909	Dilatation & Curretage	0	0	0	0	180	100.0
1910	Vaginal/Pelvic Examination	0-1	.017	.016	0	177	98.3
					1	3	1.7
1911	Urinary Bladder Training	0-9	.094	.801	0	178	98.9
					8	1	.6
					9	1	.6
1912	Condom Catheter Application	0-9	.211	1.050	0	170	94.4
					1	2	1.1
					3	4	2.2
					4	1	.6
					5	1	.6
					6	1	.6
					9	1	.6
1913	Peritoneal Dialysis - Initiation	0	0	0	0	180	100.0
1914	Peritoneal Dialysis - Exchange of Dialysis Solutions	0	0	0	0	180	100.0

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1915	Peritoneal Dialysis - Removing Dialysis Catheter	0	0	0	0	180	100.0
1916	Bladder Irrigation	0-4	.133	.328	0	169	93.9
					1	3	1.7
					2	4	2.2
					3	3	1.7
					4	1	.6
2002	Hypothermia/Hyperthermia Treatment	0-1	.061	.058	0	169	93.9
					1	11	6.1
2101	Oral Medication	0-29	5.761	43.401	0	70	38.9
					1	10	5.6
					2	6	3.3
					3	7	3.9
					4	2	1.1
					5	6	3.3
					6	4	2.2

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							F-79	
			7		8	8	4.4	
			8		12	12	6.7	
			9		9	9	5.0	
			10		5	5	2.8	
			11		4	4	2.2	
			12		4	4	2.2	
			13		6	6	3.3	
			14		4	4	2.2	
			15		4	4	2.2	
			16		3	3	1.7	
			17		4	4	2.2	
			18		5	5	2.8	
			19		3	3	1.7	
			20		1	1	.6	
			24		1	1	.6	
			27		1	1	.6	
			29		1	1	.6	
2102	Intramuscular Medication	0-8	.394	1.391	0	151	83.9	
					1	14	7.8	
						80		

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
					2	5	2.8	
					3	3	1.7	
					4	1	.6	
					5	4	2.2	
					6	1	.6	
					8	1	.6	
						155	86.1	
							2.8	
							7.8	
							08-L	
2103	Subcutaneous Medication	0-4	.289	.598	0	155		
					1	5		
					2	14		
					3	5		
					4	1		
2104	Suppository, Rectal / Vaginal	0-6	.183	.530	0	165	91.7	
					1	4	2.2	
					2	9	5.0	
					5	1	.6	
					6	1	.6	
2105	Topical Medication	0-99	8.639	536.813	0	141	78.3	
					2	3	1.7	
					81			

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
			3	.1	4	4	2.2
			6	.5	5	5	2.8
			12	.4	4	4	2.2
			18	.1	1	1	.6
			24	.1	1	1	.6
			32	.2	2	2	1.1
			36	.3	3	3	1.7
			42	.1	1	1	.6
			48	.1	1	1	.6
			60	.1	1	1	.6
			66	.3	3	3	1.7
			80	.3	3	3	1.7
			84	.2	2	2	1.1
			96	.2	2	2	1.1
			99	.3	3	3	1.7
							173
2106	Sublingual Medication	0-7	.200	1.133	0		96.1
					1	1	.6
					4	1	.6
					6	4	2.2
					7	1	.6

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2201	Bone Marrow Aspiration	0-1	.006	.006	0	179	99.4
					1	1	.6
2202	Lumbar Puncture	0-1	.006	.006	0	179	99.4
					1	1	.6
2204	Urine Testing - Protein	0-24	2.150	42.463	0	158	87.8
					3	1	.6
					6	6	3.3
					12	1	.6
					24	14	7.8
2206	Urine Testing - Specific Gravity	0-48	4.678	85.113	0	132	73.3
					3	5	2.8
					6	8	4.4
					11	1	.6
					12	6	3.3
					24	27	15.0
					48	1	.6

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2207	Urine Testing - Sugar & Acetone	0-24	4.439	69.387	0	123	68.3
					3	3	1.7
					4	13	7.2
					6	9	5.0
					12	7	3.9
					24	25	13.9
2208	Liver Biopsy	0	0	0	0	180	100.0
2209	Guiacl Testing - Feces / Vomitus/GI Drainage	0-25	1.928	14.492	0	109	60.6
					1	19	10.6
					2	3	1.7
					3	17	9.4
					4	5	2.8
					5	3	1.7
					6	8	4.4
					7	3	1.7
					8	1	.6
					9	2	1.1
					10	1	.6
					11	2	1.1

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
			12	5	5	2.8	
			24		1	.6	
			25		1	.6	
							784
2210	Collection of Feces Sample	0-3	.033	.066	0	176	97.8
			1		3	1.7	
			3		1	.6	
2211	Hematocrit	0-8	.550	1.567	0	140	77.8
			1		8	4.4	
			2		20	11.1	
			3		6	3.3	
			4		2	1.1	
			5		1	.6	
			6		2	1.1	
			8		1	.6	
2301	Teaching - Medication Administration	0-6	.467	1.301	0	145	80.6
			1		12	6.7	
			2		10	5.6	
			3		4	2.2	
			4				95

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2302	Teaching - Colostomy Care	0-4	.028	.094	0	178	98.9
					1	1	.6
					4	1	.6
2304	Teaching - Urine Testing	0-4	.144	.527	0	172	95.6
					1	2	1.1
					4	6	3.3
2305	Blow Bottles/ Incentive Spirometer	0-6	.294	.846	0	158	87.8
					1	8	4.4
					2	3	1.7
					3	7	3.9
					4	3	1.7
					6	1	.6

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2306	Teaching - Dietary Explanation	0-7	.356	1.482	0	163	90.6
					1	2	1.1
					2	1	.6
					3	5	2.8
					4	5	2.8
					6	3	1.7
					7	1	.6
2307	Teaching - Preoperative Instruction	0-10	.161	1.309	0	174	96.7
					1	3	1.7
					6	1	.6
					10	2	1.1
2308	Teaching - Diagnostic Test	0-2	.061	.069	0	170	94.4
					1	9	5.0
					2	1	.6
2309	Teaching - Disease/Condition Related	0-16	1.628	7.218	0	105	58.3
					1	6	3.3
					2	24	13.3
					3	15	8.3
							o7

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FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ) BY % OF CASES
			4		9	5.0	
			6		15	8.3	
			8		3	1.7	
			12		1	.6	
			16		2	1.1	
2311	Teaching - Dressing Change	0-4	.128	.302	0	168	93.3
					1	6	3.3
					2	2	1.1
					3	3	1.7
					4	1	.6
2312	Teaching - Insulin Administration	0-1	.017	.016	0	177	98.3
					1	3	1.7
2313	Teaching - Diabetic	0-3	.028	.072	0	178	98.9
					2	1	.6
					3	1	.6

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2314	Teaching - Ileostomy/ Ileocecostomy Care	0-3	.022	.055	0	178	98.9
					1	1	.6
					3	1	.6
2417	Changing Perineal Pad	0-2	.033	.066	0	177	98.3
					2	3	1.7
2601	One Hour of One-to-One Observation - Arms Length	0-24	.267	6.364	0	178	98.9
					24	2	1.1
2603	Situational Observation	0-2	.206	.254	0	151	83.9
					1	21	11.7
					2	8	4.4
2605	Appearance, Behavior and Conversation Assessment	0-6	.067	.308	0	177	98.3
					2	1	.6
					4	1	.6
					6	1	.6

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - MEDICAL/SURGICAL NURSING

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
2701	Bowel Sound Assessment	0-24	2.333	7.777	0	73	40.6	
					1	12	6.7	
					2	3	1.7	
					3	56	31.1	
					4	1	.6	
					6	33	18.3	
					8	1	.6	
					24	1	.6	

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APPENDIX G

Frequency Distribution of Direct Nursing Care for Obstetrics

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
0101	Bathing, Complete	0-1	.143	.125	0	36	85.7	14.3
					1	6		
0102	Bathing, Assist with Back and Legs	0-1	.190	.158	0	34	81.0	19.0
					1	8		
0103	Oral Hygiene	0-12	.595	4.735	0	38	90.5	
					2	1	2.4	
					5	1	2.4	
					6	1	2.4	5.6
					12	1	2.4	
0104	AM Care	0-1	.024	.024	0	41	97.6	
					1	1	2.4	
0105	PM Care	0-1	.405	.247	0	25	59.5	
					1	17	40.5	
0106	Nail Care	0	0	0	0	42	100.0	
						1		

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

<u>CODE</u>	<u>NURSING ACTIVITY</u>	<u>RANGE</u>	<u>MEAN</u>	<u>VARIANCE</u>	<u>NURSING ACTIVITY FREQ.</u>	<u>ABSOLUTE FREQ. BY CASES</u>	<u>ADJUSTED FREQ. BY % OF CASES</u>
0107	Shampoo	0	0	0	0	42	100.0
0108	Shaving	0	0	0	0	42	100.0
0109	Occupied Bed	0-3	.119	.254	0	39	92.9
					1	2	4.8
					3	1	2.4
0110	Unoccupied Bed	0-5	.952	1.315	0	18	42.9
					1	15	35.7
					2	4	9.5
					3	4	9.5
					5	1	2.4
0111	Changing Bottom Sheet	0	0	0	0	42	100.0
0112	AM Care, Utensils Provided	0-1	.190	.158	0	34	81.0
					1	8	19.0
0113	Bathing, Utensils Provided	0-1	.024	.024	0	41	97.6
					1	1	2.4

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FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0114	AM Care, Partial	0-1	.119	.107	0	37	88.1
					1	5	11.9
0115	Sitting Shower/Shower with Assistance	0	0	0	0	42	100.0
0116	Tub Bath	0	0	0	0	42	100.0
0117	Changing Top Sheet	0	0	0	0	42	100.0
0118	Changing Bed Linen Protector/Chux	0-30	5.476	74.109	0	25	59.5
					1	1	2.4
					2	1	2.4
					6	3	7.1
					9	1	2.4
					10	1	2.4
					12	3	7.1
					14	1	2.4
					18	2	4.8
					24	2	4.8
					26	1	2.4
					30	1	2.4

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

<u>CODE</u>	<u>NURSING ACTIVITY</u>	<u>RANGE</u>	<u>MEAN</u>	<u>VARIANCE</u>	<u>NURSING ACTIVITY FREQ</u>	<u>ABSOLUTE FREQ BY CASES</u>	<u>ADJUSTED FREQ BY % OF CASES</u>
0201	Feeding	0	0	0	0	42	100.0
0202	Fluid	0-12	3.262	17.271	0	24	57.1
					2	1	2.4
					3	1	2.4
					6	4	9.5
					8	7	16.7
					9	2	4.8
					10	1	2.4
					12	2	4.8
0203	Snack	0-2	.143	.174	0	37	88.1
					1	4	9.5
					2	1	2.4
0204	Serving Meal Tray, Preparation Required	0-3	.786	1.441	0	28	70.7
					1	2	4.8
					2	5	11.9
					3	7	16.7
0205	Special Feeding - Nasogastric	0	0	0	0	42	100.0

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0206	Special Feeding - Gastrostomy	0	0	0	0	42	100.0
0207	Special Feeding - Hyperalimentation, Intravenous	0	0	0	0	42	100.0
0208	Measuring & Recording Intake	0-15	4.000	26.341	0	23	54.8
					2	1	2.4
					3	2	4.8
					5	2	4.8
					6	1	2.4
					8	1	2.4
					9	2	4.8
					10	3	7.1
					11	1	2.4
					12	4	9.5
					14	1	2.4
					15	1	2.4
							100.0
0209	Special Feeding - Nasogastric- Continuous with Infusion Pump	0	0	0	0	0	42
0210	Special Feeding - Nasogastric Continuous with Gastric Feeding Equipment	0	0	0	0	0	42
							100.0
							5

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0211	Serving Meal Tray, No Preparation Required	0-3	1.762	1.942	0	14	33.3
					1	4	9.5
					2	2	4.8
					3	22	52.4
							9-9
0301	Measuring & Recording Output - Urine	0-24	3.952	25.120	0	22	52.4
					4	1	2.4
					5	1	2.4
					6	4	9.5
					7	1	2.4
					8	9	21.4
					10	3	7.1
					24	1	2.4
							6
0302	Measuring & Recording Output - Liquid Feces	0	0	0	0	42	100.0
0303	Measuring & Recording Output - Vomitus	0-1	.024	.024	0	41	97.6
					1	1	2.4
0304	Measuring & Recording Output - Drainage Bottles, All Types	0-2	.071	.117	0	40	95.2

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0305	Giving a Bedpan	0-10	2.238	12.186	0	27	64.3
					1	1	2.4
					2	2	4.8
					4	1	2.4
					6	4	9.5
					7	1	2.4
					8	3	7.1
					10	3	7.1
							7-6
0307	Incontinent Care	0	0	0	0	42	100.0
0308	Output Weight - Linens	0	0	0	0	42	100.0
0401	Mobility - Ambulating First Time	0-1	.190	.158	0	34	81.0
					1	8	19.0
0402	Mobility - Bed to Floor	0-1	.024	.024	0	41	97.6
					7	1	2.4

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0403	Mobility - Bed to Chair	0-18	1.690	14.268	0	28	66.7
					2	8	19.0
					3	1	2.4
					4	1	2.4
					6	1	2.4
					12	2	4.8
					18	1	2.4
0404	Mobility - Bedside Commode	0-8	.214	1.538	0	40	95.2
					1	1	2.4
					8	1	2.4
0405	Mobility - Assistance While Walking	0-16	2.071	16.995	0	28	66.7
					1	1	2.4
					2	1	2.4
					4	8	19.0
					6	1	2.4
					14	1	2.4
					16	2	4.8

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0406	Mobility - Sitting on Side of Bed	0-1	.024	.024	0	41	97.6
					1	1	2.4
0501	Changing Patient's Position in Bed	0-30	3.548	51.717	0	29	69.0
					3	3	7.1
					5	2	4.8
					6	1	2.4
					12	4	9.5
					22	1	2.4
					24	1	2.4
					30	1	2.4
0502	Adjusting Position of Bed	0-20	2.786	20.855	0	28	66.7
					6	7	16.7
					7	1	2.4
					8	3	7.1
					12	2	4.8
					20	1	2.4
0503	Turning Frame, All Types	0	0	0	0	42	100.0

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0504	Mobility - Bed to Stretcher	0-4	.929	2.848	0	32	76.2
					3	1	2.4
					4	9	21.4
0505	Adjusting Siderail	0-96	14.905	630.283	0	26	61.9
					2	1	2.4
					4	1	2.4
					24	5	11.9
					32	1	2.4
					36	1	2.4
					48	5	11.9
					96	2	4.8
0506	Adjusting Restraint	0	0	0	0	42	100.0
0507	Fowlers/Trendelenburg Position	0-4	.143	.467	0	40	95.2
					2	1	2.4
					4	1	2.4
0601	Exercise - Active	0-12	.571	6.690	0	40	95.2
					12	2	4.8

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0602	Exercise - Passive	0	0	0	0	42	100.0
0701	Orientation to Clinical Unit	0-4	.524	.890	0	30	71.4
					1	4	9.5
					2	7	16.7
					4	1	2.4
0702	Explanation of Procedures and Tests	0-70	12.333	459.301	0	17	40.5
					1	1	2.4
					2	3	7.1
					3	1	2.4
					4	4	9.5
					5	1	2.4
					6	4	9.5
					10	1	2.4
					12	1	2.4
					14	1	2.4
					18	1	2.4
					50	1	2.4
					52	1	2.4
					56	2	4.8

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0703	Answering Patient's Question	0-60	22.714	260.843	0	5	11.9
			6		4		9.5
			12		2		4.8
			16		11		26.2
			18		1		2.4
			20		1		2.4
			24		2		4.8
			30		2		4.8
			32		5		11.9
			36		1		2.4
			40		1		2.4
			48		6		14.3
			60		1		2.4
0704	Visiting with Patient/ Purposeful Interaction	6-96	32.071	471.726	6	.2	4.8
					9	1	2.4
					12	2	4.8
							12

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
			16		8	19.0	
			24		8	19.0	
			32		9	21.4	
			34		1	2.4	
			36		1	2.4	
			48		7	16.7	
			96		3	7.1	
					1	2.4	
					12	28.6	
					4		87.5
					5	11.9	
					2	4.8	
					6	9	
					10	1	
					14	4	
					16	1	
					20	1	
					24	2	
					26	1	
					60	1	
							2.4

0801 Blood Pressure,  
Manual

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0802	Pulse - Radial / Brachial	0-99	8.452	379.717	0	30	71.4
					10	1	2.4
					14	4	9.5
					16	1	2.4
					24	2	4.8
					26	1	2.4
					30	1	2.4
					70	1	2.4
					99	1	2.4
0803	Pulse - Apical	0-30	1.190	30.256	0	40	95.2
					20	1	2.4
					30	1	2.4
0804	Respirations	0-99	9.071	430.166	0	30	71.4
					10	1	2.4
					14	4	9.5
					14		

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
					16	1	2.4
					20	1	2.4
					24	1	2.4
					26	1	2.4
					60	1	2.4
					70	1	2.4
					99	1	2.4
						30	71.4
0805	Temperature - Oral, Electronic or Mercury	0-15	2.310	17.146	0		
					4	1	2.4
					5	1	2.4
					6	5	11.9
					7	1	2.4
					12	3	7.1
					15	1	2.4
0806	Temperature - Rectal, Electronic or Mercury	0	0	0	0	42	100.0
0807	Temperature - Axillary, Electronic or Mercury	0	0	0	0	42	100.0

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0808	Oral Temperature, Pulse & Respiration	0-12	2.976	8.853	0	12	28.6
					2	14	33.3
					4	4	9.5
					5	3	7.1
					6	7	16.7
					12.	2	4.8
							97.5
0809	Pulse - Pedal/Femoral/Popliteal	0	0	0	0	42	100.0
0810	Pulse - Doppler	0	0	0	0	42	100.0
0901	Ambulatory Weight	0-1	.381	.242	0	26	61.9
					1	16	38.1
0902	Bed Scale Weight	0-1	.071	.068	0	39	92.9
					1	3	7.1
0903	Abdominal Girth Measurement	0	0	0	0	42	100.0

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY CASES
0904	Extremity Circumference Measurement	0	0	0	0	42	100.0
1001	Monitor Leads Application/Exchange	0-3	.190	.353	0	37	88.1
					1	3	7.1
					2	1	2.4
					3	1	2.4
1002	Rhythm Strip - Monitor	0-24	1.429	29.519	0	39	92.9
					12	1	2.4
					24	2	4.8
						1	2.4
1003	12 Lead ECG	0-2	.095	.137	0	39	92.9
					1	2	4.8
					2	1	2.4
1004	Central Venous Pressure	0	0	0	0	42	100.0
1005	Heart Sounds Assessment	0-12	.333	3.447	0	39	92.9
					1	2	4.8
					12	1	2.4

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
1006	Pulmonary Artery Pressure Wedge	0	0	0	0	0	4.2	100.0
1007	Pulmonary Artery Pressure	0	0	0	0	0	4.2	100.0
1008	Monitoring Reading - Blood Pressure / Heart Rate / Pulmonary Artery Pressure / Central Venous Pressure	0	0	0	0	0	4.2	100.0
1009	Rhythm Strip Measurements	0-24	1.381	28.583	0	0	39	92.9
					10	1		2.4
					24	2		4.8
							88	15
1010	Rhythm Strip - ECG Machine	0	0	0	0	0	4.2	100.0
1011	Cardiac Output Measurement	0	0	0	0	0	4.2	100.0
1012	Adjusting Cardiac Monitor / Connecting Leads/Reset Alarm	0-24	1.000	17.415	0	0	39	92.9
					6	1		2.4
					12	1		2.4
					24	1		2.4

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1101	Pupil Reflexes	0-3	.167	.435	0	39	92.9
					1	1	2.4
					3	2	4.8
1102	Mental Alertness	0-48	2.214	68.172	0	35	83.3
					1	1	2.4
					2	1	2.4
					4	1	2.4
					6	1	2.4
					8	1	2.4
					24	1	2.4
					48	1	2.4
1103	Sensory Discrimination	0	0	0	0	42	100.0
1104	Orientation	0-48	2.000	67.366	0	36	85.7
					1	1	2.4
					2	1	2.4
					3	1	2.4
					6	1	2.4

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	ADJUSTED FREQ BY % OF CASES		
					NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	% OF CASES
1105	Motor/Sensory Testing	0-48	1.643	56.284	0	36	85.7
					2	2	4.8
					3	1	2.4
					6	1	2.4
					8	1	2.4
					48	1	2.4
							2.4
1201	Vital Capacity	0	0	0	0	42	100.0
1202	Pulmonary Assessment	0-12	1.143	5.686	0	30	71.4
					1	2	4.8
					3	6	14.3
					4	1	2.4
					6	2	4.8
					12	1	2.4
1301	Nasogastric Tube - Insertion	0-1	.024	.024	0	41	97.6
					1	1	2.4

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1302	Nasogastric Tube - Irrigation	0-1	.024	.024	0	41	97.6
					1	1	2.4
1303	Nasogastric Tube - Removal	0-1	.048	.046	0	40	95.2
					1	2	4.8
1304	Enema - Cleansing	0-1	.024	.024	0	41	97.6
					1	1	2.4
1305	Enema - Retention	0-1	.095	.088	0	38	90.5
					1	4	9.5
1306	Colostomy - Irrigation	0	0	0	0	42	100.0
1307	Colostomy - Dressing Change	0	0	0	0	42	100.0
1308	Lavage	0	0	0	0	42	100.0
1309	Paracentesis	0	0	0	0	42	100.0
1310	Dressing Change - Ileostomy/Ileoconduit	0	0	0	0	42	100.0
1311	Nasogastric Tube-Instillation	0	0	0	0	42	100.0
1312	Fecal Impaction Assessment/Removal	0-1	.048	.046	0	40	95.2
					1	2	4.8

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1313	Endoscopy	0	0	0	0	42	100.0
1315	Proctoscopy	0	0	0	0	42	100.0
1316	Rectal Tube Insertion	0	0	0	0	42	100.0
1317	Rectal Tube Removal	0	0	0	0	42	100.0
1401	Oxygen Administration - Nasal	0	0	0	0	42	100.0
1402	Oxygen Administration - Mask	0-32	1.190	26.743	0	38	90.5
					4	2	4.8
					10	1	2.4
					32	1	2.4
1403	Oxygen Administration - Prongs	0-4	.095	.381	0	41	97.6
					4	1	2.4
1404	Endotracheal/Tracheostomy Tube Pressure Cuff	0	0	0	0	42	100.0
1406	Chest Tube - Care	0	0	0	0	42	100.0

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1420	Incentive Spirometer	0-12	1.405	11.759	0	9	2.4
					5	1	2.4
					6	3	7.1
					12	3	7.1
1421	Intubation	0	0	0	0	42	100.0
1422	Position Patient for X-Ray	C-1	.048	.046	0	40	95.2
					1	2	4.8
1423	Tracheostomy - Dressing Change	0	0	0	0	42	100.0
1424	Oxygen Administration- Mist with collar/Face Tent	0	0	0	0	42	100.0
1426	Suctioning- Bulb Syringe	0	0	0	0	42	100.0

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							%	
1427	Maximist Treatment	0	0	0	0	42	100.0	
1428	Chest Tube - Insertion	0	0	0	0	42	100.0	
1429	Chest Tube - Removal	0	0	0	0	42	100.0	
1430	Extubation	0	0	0	0	4	4	
1431	Bronchoscopy	0	0	0	0	42	100.0	
1501	Venipuncture - Blood Sample	0-6	.881	1.327	0	20	47.6	62
1502	Venipuncture - Blood Culture	0-2	.048	.095	0	41	97.6	
1503	Arterial Puncture - Blood Gases	0	0	0	0	42	100.0	
						25		

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1504	Intravenous Infusion - Flow Rate	0-99	12.000	452.244	0	21	50.0
					1	1	2.4
					2	1	2.4
					6	1	2.4
					7	1	2.4
					9	2	4.8
					10	2	4.8
					12	1	2.4
					15	1	2.4
					24	8	19.0
					48	1	2.4
					84	1	2.4
					99	1	2.4
							61.9
							28.6
							9.5
							54.8
							4.8
							19.0
1505	Intravenous Infusion - Initiating	0-2	.476	.451	0	26	61.9
					1	12	28.6
					2	4	9.5
1506	Intravenous Infusion - Change IV Bottles	0-11	1.524	5.426	0	23	54.8
					1	2	4.8
					2	8	19.0

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
					3	3	7.1
					4	1	2.4
					5	2	4.8
					6	2	4.8
					11	1	2.4
							6-27
1507	Intravenous Infusion - IV Push Medication	0-3	.286	.551	0	36	85.7
					1	1	2.4
					2	4	9.5
					3	1	2.4
1508	Intravenous Infusion - IV Catheter Care	0-2	.357	.333	0	29	69.0
					1	11	26.2
					2	2	4.8
1509	Intravenous Infusion - Piggy-Back Medication	0-11	.929	6.117	0	31	73.8
					1	5	11.9
					2	2	4.8
					4	2	4.8
					11	2	4.8

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1510	Intravenous/Arterial Infusion - Termination	0-2	.381	.290	0	27	64.3
					1	14	33.3
					2	1	2.4
1511	Intravenous Infusion - Infusion Pump Setup	0-5	.167	.630	0	39	92.9
					1	2	4.8
					5	1	2.4
1512	Elastic Stockings	0-1	.071	.068	0	39	92.9
					1	3	7.1
1513	Ace Bandage	0	0	0	0	42	100.0
1514	Intravenous Infusion - Blood	0	0	0	0	42	100.0
1515	Intravenous/Arterial Line - Blood Sample	0	0	0	0	42	100.0
1516	Arterial Line - Transducer Exchange	0	0	0	0	42	100.0
1517	Arterial Line - Arterial Line Setup	0	0	0	0	42	100.0
1518	Arterial Line - Swan-Ganz Catheter Setup	0	0	0	0	42	100.0

REPRODUCENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	ADJUSTED FREQ BY % OF CASES		
					NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	%
1520	Intravenous Infusion - Platelets/Plasma	0	0	0	0	42	100.0
1521	External Pacemaker	0	0	0	0	42	100.0
1522	Cardiopulmonary Resuscitation	0	0	0	0	42	100.0
1523	Cardioversion	0	0	0	0	42	100.0
		0	0	0	0	42	100.0
		0	0	0	0	42	100.0
1526	Swan-Ganz Catheter - Initiation	0	0	0	0	42	100.0
1527	Swan-Ganz Catheter - Removal	0	0	0	0	42	100.0
1528	Arterial Line - Initiation	0	0	0	0	42	100.0
1529	Surgical Intravenous Initiation, Cut Down	0	0	0	0	42	100.0
1601	Decubitus Care	0	0	0	0	42	100.0
1602	Skin Care	0-12	.571	4.495	0	38	90.5
					3	2	4.8
					6	1	2.4
					12	1	2.4

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1603	Suture or Skin Clip Removal ≥ 15	0-1	.048	.046	0	40	95.2 4.8
					1	2	
1604	Small Dressing Change, < 4" x 8"	0	0	0	0	42	100.0
1605	Large Dressing Change, ≥ 4" x 8"	0-1	.048	.046	0	40	95.2 4.8
					1	2	
1606	Reinforcing Dressing	0	0	0	0	42	100.0
1607	Wound Irrigation	0-1	.048	.046	0	40	95.2 4.8
					1	2	
1608	Soaking Hand	0	0	0	0	42	100.0
1609	Soaking Feet	0	0	0	0	42	100.0
1610	Hot Compress	0-3	.143	.418	0	40	95.2 4.8
					3	2	

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES		ADJUSTED FREQ BY % OF CASES
						%	#	
1611	Cold Compress	0	0	0	0	42	100.0	
1612	Sitz Bath	0-4	.714	2.307	0	34	81.0	
					2	1	2.4	
					4	7	16.7	
1613	Surgical Prep, Local	0-1	.048	.046	0	40	95.2	
					1	2	4.8	
1614	Surgical Prep, 3-Way	0-1	.024	.024	0	41	97.6	57.9
					1	1	2.4	
1615	Wound Culture	0-3	.095	.235	0	40	95.2	
					1	1	2.4	
					3	1	2.4	
1616	Heat Lamp	0-6	2.286	3.916	0	16	38.1	
					1	2	4.8	
					2	1	2.4	
					3	2	4.8	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							6-5	2.4
					4	20	47.6	
					6	1		2.4
1617	Back Rub	0-1	.310	.219	0	29	69.0	
					1	13		31.0
1619	Air Floatation/Alternating Pressure Mattress - Application	0-1	.024	.024	0	41	97.6	
					1	1		2.4
1620	Isolation , Gowning and Gloving	0	0	0	0	42	100.0	
1621	Death Care	0	0	0	0	42	100.0	
1622	Suture or Skin Clip Removal, < 15	0	0	0	0	42	100.0	
1623	Application of K-Pad	0-17	1.190	14.743	0	36	85.7	
					1	1		2.4
					3	2		4.8

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY		ADJUSTED FREQ BY % OF CASES
					FREQ	ABSOLUTE FREQ BY CASES	
1701	Eye Care	0	0	0	10	1	2.4
1702	Irrigation - Eye	0	0	0	16	1	2.4
					17	1	2.4
1704	Irrigation - Throat	0	0	0	0	0	42
1705	Instillation of Drops- Eye	0	0	0	0	0	42
1706	Instillation of Drops- Ear	0	0	0	0	0	42
1707	Instillation of Drops- Nose	0	0	0	0	0	42
1708	Culture - Nose	0	0	0	0	0	42
1709	Culture - Throat	0	0	0	0	0	42
1710	Culture - Sputum	0	0	0	0	0	42
1801	Pin Care	0	0	0	0	0	42
1802	Head Tongs Care	0	0	0	0	0	42
1803	Bed Cradle	0	0	0	0	0	42
1804	Foot Board	0	0	0	0	0	42

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							%	5
1805	Ice Pack	0-3	.405	.930	0	35	83.3	5
					1	1	2.4	5
					2	2	4.8	5
					3	4	9.5	5
1806	Extremity Traction - Application	0	0	0	0	42	100.0	5
1807	Extremity Elevation	0	0	0	0	42	100.0	5
1808	Cast Care	0	0	0	0	42	100.0	5
1809	Extremity Traction - Adjust	0	0	0	0	42	100.0	5
1810	Seizure Care	0-1	.024	.024	0	41	97.6	5
					1	1	2.4	5
1811	Circulation Check	0	0	0	0	42	100.0	5
1901	Catheterization - Foley	0-1	.071	.068	0	39	92.9	5
					1	3	7.1	5
1902	Catheterization - Straight	0-1	.048	.046	0	40	95.2	5
					1	2	4.8	5
1903	Foley Catheter Care	0-3	.167	.435	0	39	92.9	5
					1	1	2.4	5
					3	2	4.8	5

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1904	Urine Specimen- Routine	0-3	.310	.365	0 1 3	31 10 1	73.8 23.8 2.4
1905	Urine Specimen - Clean Catch	0-2	.286	.258	0 1 2	31 10 2	73.8 23.8 2.4
1906	Perineal Care	0-6	.286	1.672	0 6	40 2	95.2 4.8
1907	Foley Catheter Removal	0-1	.071	.068	0 1	39 1	92.9 7.1
1908	Douche	0	0	0	0	42	100.0
1909	Dilatation & Curretage/	0	0	0	0	42	100.0
1910	Vaginal/Pelvic Examination	0-1	.048	.046	0 1	40 2	95.2 4.8

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1911	Urinary Bladder Training	0	0	0	0	42	100.0
1912	Condom Catheter Application	0	0	0	0	42	100.0
1913	Peritoneal Dialysis - Initiation	0	0	0	0	42	100.0
1914	Peritoneal Dialysis - Exchange of Dialysis Solutions	0	0	0	0	42	100.0
1915	Peritoneal Dialysis- Removing Dialysis Catheter	0	0	0	0	42	100.0
1916	Bladder Irrigation	0	0	0	0	42	100.0
2002	Hypothermia/Hyperthermia Treatment	0	0	0	0	42	100.0
2101	Oral Medication	0-15	5.619	12.242	0	3	7.1
					1	1	2.4
					2	3	7.1
					3	6	14.3
					4	4	9.5
					5	6	14.3
					6	4	9.5
					7	3	7.1

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
					8	4	9.5
					9	3	7.1
					11	3	7.1
					13	1	2.4
					15	1	2.4
2102	Intramuscular Medication	0-4	.381	.973	0	35	83.3
					1	3	7.1
					3	3	7.1
					4	1	2.4
2103	Subcutaneous Medication	0-9	.429	2.348	0	37	88.1
					1	1	2.4
					2	1	2.4
						2	4.8
					9	1	2.4
2104	Suppository , Rectal/Vaginal	0	0	0	0	42	100.0

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2105	Topical Medication	0-4	2.095	3.747	0	18	42.9
					1	1	2.4
					2	2	4.8
					3	1	2.4
					4	20	47.6
2106	Sublingual Medication	0	0	0	0	42	100.0
2201	Bone Marrow Aspiration	0	0	0	0	42	100.0
2202	Lumbar Puncture	0	0	0	0	42	100.0
2204	Urine Testing - Protein	0-24	1.690	16.512	0	25	59.5
					1	7	16.7
					2	2	4.8
					3	1	2.4
					4	3	7.1
					6	1	2.4
					7	1	2.4
					8	1	2.4
					24	1	2.4

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FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2206	Urine Testing - Specific Gravity	0-24	.571	13.714	0	41	97.6
					24	1	2.4
2207	Urine Testing - Sugar and Acetone	0=6	.500	2.012	0	37	88.1
					3	1	2.4
					4	3	7.1
					6	1	2.4
2208	Liver Biopsy	0	0	0	0	42	100.0
2209	Gulac Testing - Feces / Vomitus / GI Drainage	0-2	.071	.117	0	40	95.2
					1	1	2.4
					2	1	2.4
2210	Collection of Feces Sample	0	0	0	0	42	100.0
2211	Nematocrit	0	0	0	0	42	100.0
2301	Teaching - Medication Administration	0-1	.167	.142	0	35	83.3
					1	7	16.7

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2302	Teaching- Colostomy Care	0	0	0	0	42	100.0
2304	Teaching- Urine Testing	0	0	0	0	42	100.0
2305	Teaching - Blow Bottles/ Incentive Spirometer	0-2	.190	.304	0	37	88.1
					1	2	4.8
					2	2	4.8
					3	3	7.1
2306	Teaching - Dietary Explanation	0-2	.381	.339	0	28	66.7
					1	12	28.6
					2	2	4.8
2307	Teaching - Preoperative Instruction	0-2	.119	.156	0	38	90.5
					1	3	7.1
					2	1	2.4
2308	Teaching - Diagnostic Test	0	0	0	0	42	100.0
2309	Teaching - Disease/ Condition Related	0-16	5.929	19.531	0	7	16.7
					2	1	2.4
					3	4	9.5
					4		

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE			MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
4		4	8	8	19.0				
6		6	6	6	14.3				
8		8	8	8	19.0				
9		9	1	1	2.4				
10		10	1	1	2.4				
12		12	3	3	7.1				
16		16	3	3	7.1				

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2402	Support During Contraction	0-96	7.190	354.743	0	33	78.6
					10	1	2.4
					12	2	4.8
					18	1	2.4
					24	2	4.8
					50	1	2.4
					56	1	2.4
					96	1	2.4
						33	78.6
2403	Dilatation & Effacement Assessment	0-9	.762	3.357	0	33	78.6
					1	2	4.8
					2	1	2.4
					3	2	4.8
					4	2	4.8
					5	1	2.4
					9	1	2.4
						33	78.6
2404	Dilatation & Effacement Assessment, Assisting Physician	0-8	.548	2.985	0	36	85.7
					1	2	4.8
					2	1	2.4
						36	85.7

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
2405	Fetal Electrode Insertion	0-1	.048	.046	0	40	2.4	2.4
					1	2		
							4.8	
2406	Fetal Electrode Insertion, Assisting Physician	0-1	.048	.046	0	40	95.2	95.2
					1	2		
							4.8	
2408	Intrauterine Catheter Insertion, Assisting Physician	0	0	0	0	42	2.4	2.4
2409	Internal or External Monitoring - Uterine Contraction/Fetal Heart Tones	0-96	7.476	527.426	0	37	88.1	88.1
						24		
						40	2.4	2.4
						58	2.4	2.4
						96	4.8	4.8

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2410	Manual Contraction Assessment	0-32	3.143	57.540	0	30	71.4
					1	2	4.8
					2	2	4.8
					6	2	4.8
					10	1	2.4
					12	2	4.8
					16	1	2.4
					32	2	4.8
2411	Pitocin Induction, Assisting Physician	0-1	.024	.024	0	41	97.6
					1	1	2.4
2412	Fetal Heart Tones, Manual	0-8	.500	2.012	0	35	83.3
					2	5	11.9
					3	1	2.4
					8	1	2.4
2413	Petal Heart Tones, Doppler	0-6	.810	3.475	0	33	78.6
					1	3	7.1
					3	1	2.4

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2415	Routine Delivery Room Functions	0-1	.190	.158	0	34	81.0
					1	8	19.0
2416	Fundus Message	0-16	3.667	24.081	0	13	31.0
					1	13	31.0
					3	5	11.9
					7	1	2.4
					9	1	2.4
					10	1	2.4
					12	7	16.7
					16	1	2.4
2417	Changing Perineal Pad	0-16	3.952	24.534	0	13	31.0
					1	11	26.2

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
			2		1	1	2.4
			3		4	4	9.5
			6		1	1	2.4
			7		1	1	2.4
			9		2	2	4.8
			10		1	1	2.4
			12		7	7	16.7
			16		1	1	2.4
						28	66.7
2418	Perineal Suture Care	0-9	1.690	7.682	0	28	
					2	2	4.8
					3	2	4.8
					4	4	9.5
					6	2	4.8
					8	3	7.1
					9	1	2.4
2419	Teaching - Perineal Suture Care	0-8	1.143	3.003	0	16	38.1
					1	17	40.5
					2	6	14.3

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							6-47	
2420	Teaching - Breast Care	0-6	1.462	1.766	0	11	26.2	
					1	15	35.7	
					2	5	11.9	
					3	10	23.8	
					6	1	2.4	
2421	Oxytocin Challenge Test	0-1	.024	.024	0	41	97.6	
					1	1	2.4	
2422	Non-Stress Test	0-1	.071	.068	0	39	92.9	
					1	3	7.1	
2423	Amniotomy	0-1	.119	.107	0	37	88.1	
					1	5	11.9	
2424	Ammiocentesis	0-1	.071	.068	0	39	92.9	
					1	3	7.1	

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ADJUSTED FREQ BY % OF CASES	
						ABSOLUTE FREQ BY CASES	% OF CASES
2425	Newborn Identification Procedure	0	0	0	0	4.2	100.0
2426	Teaching - Breast Feeding	0-8	.833	4.728	0	35	83.3
					2	1	2.4
					3	3	7.1
					8	3	7.1
2427	Pitocin Induction	0-1	.048	.046	0	40	95.2
					1	2	4.8
2428	Tocotransducer - Application	0-1	.048	.046	0	40	95.2
					1	2	4.8
2429	Ultrasonic Transducer - Application	0-1	.048	.046	0	40	95.2
					1	2	4.8
2430	Fetal Electrode Insertion/ Intrauterine Catheter Insertion, Assisting Physician	0-1	.048	.046	0	40	95.2
					1	2	4.8
2431	Fetal Electrode Insertion/ Intrauterine Catheter Insertion, Assisting Physician	0	0	0	0	42	100.0

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2432	Tocotransducer and Ultrasonic Transducer - Application	0-1	.119	.107	0	37	88.1
					1	5	11.9
2433	Observation and Assessment, Second Stage of Labor	0-1	.190	.158	0	34	81.0
					1	8	19.0
2434	Labor Room Examination and Preparation, Routine	0-1	.214	.172	0	33	78.6
					1	9	21.4
2435	Adjust Ultrasonic Transducer / Tocotransducer	0-32	2.881	61.961	0	34	81.00
					1	1	2.4
					6	1	2.4
					8	2	4.8
					10	1	2.4
					24	1	2.4
					32	2	4.8
2436	Monitoring Fetal Heart Tones, Ultrasonic Transducer	0-6	.143	.857	0	41	97.6
					6	1	2.4

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - OBSTETRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2603	Situational Observation	0-2	.119	.156	0	38	90.5
					1	3	7.1
					2	1	2.4
					2.4		G-50
2701	Bowel Sound Assessment	0-6	.619	2.632	0	34	81.0
					1	3	7.1
					2	1	2.4
					3	1	2.4
					6	3	7.1

APPENDIX H

Frequency Distribution of Direct Nursing Care for Psychiatry

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ		ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0101	Bathing, Complete	0	0	0	0	0	72	100.0
0102	Bathing, Assist with Back and Legs	0	0	0	0	0	72	100.0
0103	Oral Hygiene	0-6	.194	.807	0	68	94.4	
					2	2	2.8	
					4	1	1.4	
					6	1	1.4	
0104	AM Care	0	0	0	0	72	100.0	
0105	PM Care	0-1	.014	.014	0	71	98.6	
					1	1	1.4	
0106	Nail Care	0	0	0	0	72	100.0	
0107	Shampoo	0-1	.014	.014	0	71	98.6	
					1	1	1.4	
0108	Shaving	0-1	.167	.141	0	60	83.3	
					1	12	16.7	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0109	Occupied Bed	0-1	.014	.014	0	71	98.6
					1	1	1.4
0110	Unoccupied Bed	0-1	.125	.111	0	63	87.5
					1	9	12.5
0111	Change Bottom Sheet	0	0	0	0	72	100.0
0112	AM Care, Utensils Provided	0-1	.208	.167	0	57	79.2
					1	15	20.8
0113	Bathing, Utensils Provided	0	0	0	0	72	100.0
0114	AM Care, Partial	0-1	.028	.027	0	70	97.2
					1	2	2.8
0115	Sitting Shower/Shower with Assistance	0-1	.278	.203	0	52	72.2
					1	20	27.8
0116	Tub Bath	0	0	0	0	72	100.0

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0117	Changing Top Sheet	0	0	0	0	72	100.0
0118	Changing Bed Linen Protector / Chux	0	0	0	0	72	100.0
0201	Feeding	0	0	0	0	72	100.0
0202	Fluid	0-10	.583	4.106	0	66	91.7
0203	Snack	0-3	.222	.260	4	1	1.4
0204	Serving Meal Tray, Preparation Required	0-3	.083	.246	6	2	2.8
0205	Special Feeding - Nasogastric	0	0	0	3	2	2.8
0206	Special Feeding - Gastrostomy	0	0	0	0	72	100.0

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ		ADJUSTED FREQ BY % OF CASES
					ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
0207	Special Feeding - Hyperalimentation, Intravenous	0	0	0	0	72	100.0
0208	Measuring & Recording Intake	0-3	.292	.801	0	65	90.3
					3	7	9.7
0209	Special Feeding - Nasogastric, Continuous with Infusion Pump	0	0	0	0	72	100.0
0210	Special Feeding - Nasogastric, Continuous with Gastric Feeding Equipment	0	0	0	0	72	100.0
0211	Serving Meal Tray, No Preparation Required	0-3	.736	1.493	0	51	70.8
					1	3	4.2
					2	4	5.6
					3	14	19.4
0301	Measuring & Recording Output - Urine	0-6	.500	2.789	0	66	91.7
					6	6	8.3
0302	Measuring & Recording Output - Liquid Feces	0	0	0	0	72	100.0
0303	Measuring & Recording Output - Vomitus	0	0	0	0	72	100.0

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING	ABSOLUTE	ADJUSTED FREQ BY % OF CASES
					ACTIVITY FREQ	FREQ BY CASES	
0304	Measuring & Recording Output - Drainage Bottles/All Types	0	0	0	0	72	100.0
0305	Giving a Bedpan	0-8	.111	.889	0	71	98.6
					8	1	1.4
						6	8.3
0306	Giving a Urinal	0-6	.500	2.789	0	66	91.7
					6	6	8.3
0307	Incontinent Care	0	0	0	0	72	100.0
0308	Output Weight-Bed Linens	0	0	0	0	72	100.0
0401	Mobility - Ambulating First Time	0	0	0	0	72	100.0
0402	Mobility - Bed to Floor	0	0	0	0	72	100.0
0403	Mobility - Bed to Chair	0	0	0	0	72	100.0
0404	Mobility - Bedside Commode	0	0	0	0	72	100.0
0405	Mobility - Assistance While Walking	0-12	.292	2.857	0	69	95.8
					1	1	1.4
					8	1	1.4
					12	1	1.4
0406	Mobility - Sitting on Side of Bed	0	0	0	0	72	100.0
					5		

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY CASES
0501	Changing Patient's Position in Bed	0-10	.222	1.640	0	69	95.8
					2	1	1.4
					4	1	1.4
					10	1	1.4
0502	Adjusting Position of Bed	0	0	0	0	72	100.0
0503	Turning Frame, All Types	0	0	0	0	72	100.0
0504	Mobility - Bed to Stretcher	0	0	0	0	72	100.0
0505	Adjusting Siderail	0-8	.111	.889	0	71	98.6 <sup>10</sup> / <sub>12</sub>
					8	1	1.4
0506	Adjusting Restraint	0-26	.667	12.507	0	69	95.8
					10	1	1.4
					12	1	1.4
					26	1	1.4
0507	Fowlers/Trendelenburg Position	0	0	0	0	72	100.0

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
0601	Exercise - Active	0-2	.028	.056	0	71	98.6	
					2	1	1.4	
						72	100.0	
0602	Exercise - Passive	0	0	0	0			
0701	Orientation to Clinical Unit	0-2	.167	.225	0	63	87.5	
					1	6	8.3	
					2	3	4.2	
0702	Explanation of Procedures and Tests	0-12	1.167	4.986	0	47	65.3	9.1
					1	8	11.1	
					2	4	5.6	
					3	2	2.8	
					4	5	6.9	
					5	2	2.8	
					6	2	2.8	
					8	1	1.4	
					12	1	1.4	
0703	Answering Patient's Question	0-96	16.000	456.394	0	22	30.6	
					2	1	1.4	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	1.4
		8	9			1	5.6	5.6
		9				4		
		10				1		1.4
		12				20		27.8
		16				3		4.2
		18				2		2.8
		24				11		15.3
		32				8		11.1
		36				1		1.4
		48				2		2.8
		72				1		1.4
		96				1		1.4
								<sup>♀</sup> <sub>♂</sub>
0801	Blood Pressure, Manual	0-9	1.403	4.103	0	37	51.4	
						1	10	13.9
						2	6	8.3
						3	13	18.1
						4	1	1.4
						6	2	2.8
						7	1	1.4
						8	1	1.4
						9	1	1.4

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0802	Pulse - Radial/Brachial	0	0	0	0	72	100.0
0803	Pulse - Apical	0-1	.014	.014	0	71	98.6
					1	1	1.4
0804	Respirations	0	0	0	0	72	100.0
0805	Temperature - Oral, Electronic or Mercury	0-2	.028	.056	0	71	98.6
					2	1	1.4
0806	Temperature - Rectal, Electronic or Mercury	0	0	0	0	72	100.0
0807	Temperature - Axillary, Electronic or Mercury	0	0	0	0	72	100.0
0808	Oral Temperature, Pulse, & Respirations	0-9	.944	2.363	0	44	61.1
					1	9	12.5
					2	4	5.6
					3	14	19.4
					9	1	1.4

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0809	Pulse - Pedal/Femoral/ Popliteal	0	0	0	0	72	100.0
0810	Pulse - Doppler	0	0	0	0	72	100.0
0901	Ambulatory Weight	0-1	.319	.220	0	49	68.1
					1	23	31.9
0902	Bed Scale Weight	0	0	0	0	72	100.0
0903	Abdominal Girth Measurement	0	0	0	0	72	100.0
0904	Extremity Circumference Measurement	0	0	0	0	72	100.0
1001	Monitor Leads Application/ Exchange	0	0	0	0	72	100.0
1002	Rhythm Strip - Monitor	0	0	0	0	72	100.0
1003	12 Lead ECG	0-1	.014	.014	0	71	98.6
					1	1	1.4
1004	Central Venous Pressure	0	0	0	0	72	100.0
1005	Heart Sounds Assessment	0-1	.014	.014	0	71	98.6
					1	1	1.4

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	
1006	Pulmonary Artery Pressure Wedge	0	0	0	0	72	100.0	
1007	Pulmonary Artery Pressure	0	0	0	0	72	100.0	
1008	Monitoring Reading - Blood Pressure/ Heart Rate/ Pulmonary Artery Pressure/ Central Venous Pressure	0	0	0	0	72	100.0	
1009	Rhythm Strip Measurement	0	0	0	0	72	100.0	
1010	Rhythm Strip-ECG Machine	0	0	0	0	72	100.0	
1011	Cardiac Output Measurement	0	0	0	0	72	100.0	
1012	Adjusting Cardiac Monitor/ Connecting Leads/Reset Alarm	0	0	0	0	72	100.0	
1101	Pupil Reflexes	0	0	0	0	72	100.0	
1102	Mental Alertness	0-96	6.972	165.351	0	18	25.0	
					1	4	5.6	
					3	12	16.7	
					4	3	4.2	
					6	17	23.6	
					8	1	1.4	
					9	4	5.6	

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ		ADJUSTED FREQ BY $\frac{N-1}{N}$	% OF CASES
						BY CASES	8		
1103	Sensory Discrimination	0	0	0	0	72	100.0		
1104	Orientation	0-96	5.486	175.436	0	41	56.9	2.8	
					1	2			
					3	5	6.9		
					6	7	9.7		
					8	1	1.4		
					9	4	5.6		
					12	7	9.7		
					16	1	1.4		
					24	2	2.8		
					48	1	1.4		
					96	1	1.4		

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1105	Motor/Sensory Testing	0	0	0	0	72	100.0
1201	Vital Capacity	0	0	0	0	72	100.0
1202	Pulmonary Assessment	0	0	0	0	72	100.0
1301	Nasogastric Tube - Insertion	0	0	0	0	72	100.0
1302	Nasogastric Tube- Irrigation	0	0	0	0	72	100.0
1303	Nasogastric Tube - Removal	0	0	0	0	72	100.0
1304	Enema - Cleansing	0	0	0	0	72	100.0
1305	Enema - Retention	0	0	0	0	72	100.0
1306	Colostomy - Irrigation	0	0	0	0	72	100.0
1307	Colostomy - Change Dressing	0	0	0	0	72	100.0
1308	Lavage	0	0	0	0	72	100.0
1309	Paracentesis	0	0	0	0	72	100.0
1310	Dressing Change - Ileostomy/Ileoconduit	0	0	0	0	72	100.0
1311	Nasogastric Tube- Instillation	0	0	0	0	72	100.0
1312	Fecal Impaction Assessment / Removal	0-1	.014	.014	0	71	98.6
1313	Endoscopy	0	0	0	0	72	100.0

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1315	Proctoscopy	0	0	0	0	0	100.0
1316	Rectal Tube Insertion	0	0	0	0	0	100.0
1317	Rectal Tube Removal	0	0	0	0	0	100.0
1401	Oxygen Administration - Nasal	0	0	0	0	0	100.0
1402	Oxygen Administration - Mask	0	0	0	0	0	100.0
1403	Oxygen Administration- Prongs	0	0	0	0	0	100.0
1404	Endotracheal/Tracheostomy Tube Pressure Cuff	0	0	0	0	0	100.0
1406	Chest Tube - Care	0	0	0	0	0	100.0
1407	Chest Tube - Changing Bottles	0	0	0	0	0	100.0
1408	Tracheostomy - Cleaning Cannula	0	0	0	0	0	100.0
1409	Chest Pulmonary Therapy - Frappage with Postural Drainage	0	0	0	0	0	100.0
1411	Suctioning - Oral	0	0	0	0	0	100.0
1412	Suctioning - Tracheostomy	0	0	0	0	0	100.0
1413	Suctioning - Naso-Tracheal	0	0	0	0	0	100.0
1414	Suctioning - Endotracheal	0	0	0	0	0	100.0

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING	ABSOLUTE	ADJUSTED
					ACTIVITY FREQ	FREQ BY CASES	FREQ BY % OF CASES
1415	IPPB Treatment	0	0	0	0	72	100.0
1416	Respiratory Resuscitation	0	0	0	0	72	100.0
1417	Thoracentesis	0	0	0	0	72	100.0
1418	Blow Bottles	0	0	0	0	72	100.0
1419	Cough and Deep Breathe	0	0	0	0	72	100.0
1420	Incentive Spirometer	0	0	0	0	72	100.0
1421	Intubation	0	0	0	0	72	100.0
1422	Positioning for X-Ray	0	0	0	0	72	100.0
1423	Tracheostomy - Dressing Change	0	0	0	0	72	100.0
1424	Oxygen Administration - Mist with collar/Face Tent	0	0	0	0	72	100.0
1426	Suctioning - Bulb Syringe	0	0	0	0	72	100.0
1427	Maximist Treatment	0	0	0	0	72	100.0
1428	Chest Tube - Insertion	0	0	0	0	72	100.0

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1429	Chest Tube-Removal	0	0	0	0	72	100.0
1430	Extubation	0	0	0	0	72	100.0
1431	Bronchoscopy	0	0	0	0	72	100.0
1501	Venipuncture - Blood Sample	0-3	.306	.300	0	52	72.2
					1	19	26.4
					3	1	1.4
							91-1
1502	Venipuncture - Blood Culture	0	0	0	0	72	100.0
1503	Arterial Puncture - Blood Gases	0	0	0	0	72	100.0
1504	Intravenous Infusion - Flow Rate	0	0	0	0	72	100.0
1505	Intravenous Infusion - Initiating	0	0	0	0	72	100.0
1506	Intravenous Infusion - Change IV Bottles	0	0	0	0	72	100.0
1507	Intravenous Infusion - IV Push Medication	0	0	0	0	72	100.0
1508	Intravenous Infusion - IV Catheter Care	0	0	0	0	72	100.0

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1509	Intravenous Infusion - Piggy-Back Medication	0	0	0	0	72	100.0
1510	Intravenous/Arterial Line - Termination	0	0	0	0	72	100.0
1511	Intravenous Infusion - Infusion Pump Setup	0	0	0	0	72	100.0
1512	Elastic Stockings	0	0	0	0	72	100.0
1513	Ace Bandage	0	0	0	0	72	100.0
1514	Intravenous Infusion - Blood	0	0	0	0	72	100.0
1515	Intravenous/Arterial Line - Blood Sample	0	0	0	0	72	100.0
1516	Arterial Infusion - Transducer Exchange	0	0	0	0	72	100.0
1517	Arterial Line - Arterial Line Setup	0	0	0	0	72	100.0
1518	Arterial Infusion - Swan-Ganz Catheter Setup	0	0	0	0	72	100.0
1520	Intravenous Infusion - Platelets/Plasma	0	0	0	0	72	100.0
1521	External Pacemaker	0	0	0	0	72	100.0
1522	Cardiopulmonary Resuscitation	0	0	0	0	72	100.0
1523	Cardioversion	0	0	0	0	72	100.0

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	ADJUSTED FREQ BY % OF CASES		
					NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	$\bar{x}$
1526	Swan-Ganz Catheter - Initiation	0	0	0	0	72	100.0
1527	Swan-Ganz Catheter - Removal	0	0	0	0	72	100.0
1528	Arterial Line - Initiation	0	0	0	0	72	100.0
1529	Surgical Intravenous Initiation, Cut Down	0	0	0	0	72	100.0
1601	Decubitus Care	0	0	0	0	72	100.0 $\frac{8}{12}$
1602	Skin Care	0-10	.181	1.502	0	70	97.2
					3	1	1.4
					10	1	1.4
1603	Suture or Skin Clip Removal, $\geq 15$	0	0	0	0	72	100.0
1604	Small Dressing Change, $< 4" \times 8"$	0	0	0	0	72	100.0
1605	Large Dressing Change, $\geq 4" \times 8"$	0	0	0	0	72	100.0
1606	Reinforcing Dressing	0	0	0	0	72	100.0
					19		

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
1607	Wound Irrigation	0	0	0	0	0	72	100.0
1608	Soaking Hand	0	0	0	0	0	72	100.0
1609	Soaking Feet	0	0	0	0	0	72	100.0
1610	Hot Compress	0	0	0	0	0	72	100.0
1611	Cold Compress	0	0	0	0	0	72	100.0
1612	Sitz Bath	0	0	0	0	0	72	100.0
1613	Surgical Prep, Local	0	0	0	0	0	72	100.0
1614	Surgical Prep, 3-Way	0	0	0	0	0	72	100.0
1615	Wound Culture	0	0	0	0	0	72	100.0
1616	Heat Lamp	0	0	0	0	0	72	100.0
1617	Back Rub	0	0	0	0	0	72	100.0
1619	Air Floatation/Alternating Pressure Mattress - Application	0	0	0	0	0	72	100.0
1620	Isolation, Gowning and Gloving	0	0	0	0	0	72	100.0
1621	Death Care	0	0	0	0	0	72	100.0
1622	Suture or Skin Clip Removal, < 15	0	0	0	0	0	72	100.0
1623	Application of K-Pad	0	0	0	0	0	72	100.0

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1701	Eye Care	0	0	0	0	72	100.0
1702	Irrigation - Eye	0	0	0	0	72	100.0
1704	Irrigation - Throat	0	0	0	0	72	100.0
1705	Instillation of Drops - Eye	0	0	0	0	72	100.0
1706	Instillation of Drops - Ear	0	0	0	0	72	100.0
1707	Instillation of Drops - Nose	0	0	0	0	72	100.0
1708	Culture - Nose	0	0	0	0	72	100.0
1709	Culture - Throat	0-1	.014	.014	0	71	98.6
					1	1	$\bar{x}$
						1.4	
1710	Culture - Sputum	0	0	0	0	72	100.0
1801	Pin Care	0	0	0	0	72	100.0
1802	Head Tongs Care	0	0	0	0	72	100.0
1803	Bed Cradle	0	0	0	0	72	100.0
1804	Foot Board	0	0	0	0	72	100.0
1805	Ice Pack	0-3	.042	.125	0	71	98.6
					3	1	$\bar{x}$

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1806	Extremity Traction - Application	0	0	0	0	72	100.0
1807	Extremity Elevation	0	0	0	0	72	100.0
1808	Cast Care	0	0	0	0	72	100.0
1809	Extremity Traction - Adjust	0	0	0	0	72	100.0
1810	Seizure Care	0	0	0	0	72	100.0
1811	Circulation Check	0-20	.556	9.941	0	69	95.8
					2	1	1.4
					18	1	1.4
					20	1	1.4
							-20
1901	Catheterization - Foley	0	0	0	0	72	100.0
1902	Catheterization - Straight	0	0	0	0	72	100.0
1903	Foley Catheter Care	0	0	0	0	72	100.0
1904	Urine Specimen - Routine	0-2	.194	.215	0	60	83.3
					1	10	13.9
					2	2	2.8

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1905	Urine Specimen - Foley	0-1	.042	.040	0	69	95.8
					1	3	4.2
1906	Perineal Care	0	0	0	0	72	100.0
1907	Foley Catheter Removal	0	0	0	0	72	100.0
1908	Douche	0	0	0	0	72	100.0
1909	Dilatation & Curretage	0	0	0	0	72	100.0
1910	Vaginal/Pelvic Examination	0	0	0	0	72	100.0
1911	Urinary Bladder Training	0	0	0	0	72	100.0
1912	Condom Catheter Application	0	0	0	0	72	100.0
1913	Peritoneal Dialysis - Initiation	0	0	0	0	72	100.0
1914	Peritoneal Dialysis - Exchange of Dialysis Solutions	0	0	0	0	72	100.0
1915	Peritoneal Dialysis - Removing Dialysis Catheter	0	0	0	0	72	100.0
1916	Bladder Irrigation	0	0	0	0	72	100.0
2002	Hypotermia/Hyperthermia Treatment	0	0	0	0	72	100.0

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

<u>CODE</u>	<u>NURSING ACTIVITY</u>	<u>RANGE</u>	<u>MEAN</u>	<u>VARIANCE</u>	<u>NURSING ACTIVITY FREQ</u>	<u>ABSOLUTE FREQ BY CASES</u>	<u>ADJUSTED FREQ BY % OF CASES</u>
2101	Oral Medication	0-12	4.208	9.998	0	9	12.5
					1	7	9.7
					2	7	9.7
					3	10	13.9
					4	11	15.3
					5	7	9.7
					6	7	9.7
					7	2	2.8
					8	1	1.4
					9	6	8.3
					10	2	2.8
					11	1	1.4
					12	2	2.8
2102	Intramuscular Medication	0-2	.125	.167	0	65	90.3
					1	5	6.9
					2	2	2.8
2103	Subcutaneous Medication	0-1	.014	.014	0	71	98.6
					1	1	1.4

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FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2104	Suppository, Rectal/Vaginal	0-2	.056	.110	0	70	97.2
					2	2	2.8
2105	Topical Medication	0-5	.181	.657	0	68	94.4
					2	2	2.8
					4	1	1.4
					5	1	1.4
2106	Sublingual Medication	0	0	0	0	72	100.0
2201	Bone Marrow Aspiration	0	0	0	0	72	100.0
2202	Lumbar Puncture	0	0	0	0	72	100.0
2204	Urine Testing - Protein	0	0	0	0	72	100.0
2206	Urine Testing - Specific Gravity	0	0	0	0	72	100.0
2207	Urine Testing - Sugar and Acetone	0-2	.028	.056	0	71	98.6
					2	1	1.4
2208	Liver Biopsy	0	0	0	0	72	100.0

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2209	Guiacl Testing - Feces / Vomitus / GI Drainage	0	0	0	0	72	100.0
2210	Collection of Feces Sample	0	0	0	0	72	100.0
2211	Hematocrit	0	0	0	0	72	100.0
2301	Teaching - Medication Administration	0-6	1.583	2.021	0	19	26.4
					1	21	29.2
					2	15	20.8
					3	7	9.7
					4	9	12.5
					6	1	1.4
2302	Teaching - Colostomy Care	0	0	0	0	72	100.0
2304	Teaching - Urine Testing	0	0	0	0	72	100.0
2305	Teaching - Blow Bottles / Incentive Spirometer	0	0	0	0	72	100.0
2306	Teaching - Dietary Explanation	0-1	.014	.014	0	71	98.6
					1	1	1.4

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2307	Teaching - Preoperative Instruction	0	0	0	0	72	100.0
2308	Teaching - Diagnostic Test	0	0	0	0	72	100.0
2309	Teaching - Disease/Condition Related	0-12	2.569	8.051	0	14	19.4
					1	19	26.4
					2	14	19.4
					3	6	8.3
					4	10	13.9
					6	3	4.2
					9	2	2.8
					10	2	2.8
					12	2	2.8
2311	Teaching - Dressing Change	0	0	0	0	72	100.0
2312	Teaching - Insulin Administration	0-1	.014	.014	0	71	98.6
					1	1	1.4
2313	Teaching - Diabetic	0-1	.014	.014	0	71	98.6
					1	1	1.4

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2314	Teaching - Ileostomy/ Ileocecostomy Care	0	0	0	0	72	100.0
2601	One Hour of One-to-One Observation - Arms Length Observation	0-24	5.250	91.739	0 5 8 16 24	53 2 2 1 14	73.6 2.8 2.8 1.4 19.4
2602	One Hour of One-on-One Observation - Constant/Close	0-24	3.1667	59.465	0 12 16 24	61 1 3 7	84.7 1.4 4.2 9.8
2603	Situational Observation	0-5	2.000	3.211	0 1 2 3 4 5	28 4 4 14 20 2	38.9 5.6 5.6 19.4 27.8 2.8

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2604	Group Therapy	0-2	.694	.412	0	29	40.3
					1	36	50.0
					2	7	9.7
2605	Appearance, Behavior & Conversation Assessment	0-96	36.819	1030.460	0	9	12.5
					3	10	13.9
					4	2	2.8
					6	1	1.4
					8	1	1.4
					9	1	1.4
					12	2	2.8
					16	1	1.4
					20	2	2.8
					24	2	2.8
					28	1	1.4
					30	1	1.4
					48	27	37.5
					52	1	1.4
					96	11	15.3

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2606	Extrapyramidal Syndrome Assessment	0-16	3.556	11.039	0	16	22.2
					1	4	5.6
					2	2	2.8
					3	28	38.9
					4	3	4.2
					5	1	1.4
					6	10	13.9
					8	2	2.8
					9	1	1.4
					10	1	1.4
					12	3	4.2
					16	1	1.4
							H-82
2607	Patient Government Session	0-1	.444	.250	0	40	55.6
					1	32	44.4
2608	Planned Recreational Activity Session	0-2	1.556	.532	0	10	13.9
					1	12	16.7
					2	50	69.4

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2609	Leather Restraint Application - 2-point Restraint	0	0	0	0	72	100.0
2610	Leather Restraint Application - 4-point Restraint	0-3	.083	.162	0	68	94.4
					1	3	4.2
					3	1	1.4
2612	Physically Restraining Patient	0-3	.083	.162	0	68	94.4
					1	3	4.2
					3	1	1.4
2613	Placing Patient Into Seclusion Room	0-1	.014	.014	0	71	98.6
					1	1	1.4
2615	Individual Support Therapy - All Nursing Personnel	0-24	4.500	24.535	0	28	38.9
					2	2	2.8
					4	17	23.6

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ.	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
					6	2	2.8
					8	14	19.4
					12	6	8.3
					16	2	2.8
					24	1	1.4
							H-30
2616	Individual Therapy-Contract Interview/Primary Therapist	0-2	.542	.787	0	52	72.2
					1	1	1.4
					2	19	26.4
2617	Occupational Therapy, Nursing Support Required	0-2	1.833	.282	0	5	6.9
					1	2	2.8
					2	65	90.3
2618	Intake Interview, Interdisciplinary	0-2	.111	.156	0	66	91.7
					1	4	5.6
					2	2	2.8
2619	Intake Interview, Admission	0-2	.167	.310	0	66	91.7
					2	6	8.3
					32		

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PSYCHIATRY

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2701	Bowel Sound Assessment	0-1	.014	.014	0 1	71 1	98.6 1.4

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**APPENDIX I**

**Frequency Distribution of Direct Nursing Care for Neonatal  
and Pediatrics**

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY * FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0101	Bathing, Complete	0-6	.805	.752	0	29	35.4
					1	45	54.9
					2	6	7.3
					3	1	1.2
					6	1	1.2
0102	Bathing, Assist with Back and Legs	0-1	.012	.012	0	81	98.8
					1	1	1.2
0103	Oral Hygiene	0-24	2.854	28.843	0	.57	69.5
					2	2	2.4
					3	3	3.7
					4	1	1.2
					5	1	1.2
					6	3	3.7
					8	2	2.4
					10	1	1.2
					12	10	12.2
					24	2	2.4

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							C	I
0104	AM Care	0-1	.341	.228	0	54	65.9	
					1	28		34.1
0105	PM Care	0-1	.268	.199	0	60	73.2	
					1	22		26.8
0106	Nail Care	0-1	.012	.012	0	81	98.8	
					1	1		1.2
0107	Shampoo	0-2	.085	.104	0	76	92.7	
					1	5		6.1
					2	1		1.2
0108	Shaving	0	0	0	0	82	100.0	
						2		

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
0109	Occupied Bed	0-6	.341	.721	0	64	78.0	78.0
					1	12	14.6	14.6
					2	5	6.1	6.1
					6	1	1.2	1.2
							E-I	
0110	Unoccupied Bed	0-3	.207	.339	0	71	86.6	86.6
					1	6	7.3	7.3
					2	4	4.9	4.9
					3	1	1.2	1.2
							E-I	
0111	Changing Bottom Sheet	0-3	.037	.110	0	81	98.8	98.8
					3	1	1.2	1.2
							E-I	
0112	AM Care, Utensils Provided	0-1	.024	.024	0	80	97.6	97.6
					1	2	2.4	2.4
							E-I	
0113	Bathing, Utensils Provided	0	0	0	0	82	100.0	100.0
							E-I	
0114	AM Care, Partial	0-1	.061	.058	0	77	93.9	93.9
					1	5	6.1	6.1

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0115	Sitting Shower/Shower with Assistance	0-1	.049	.047	0 1	78 4	95.1 4.9
0116	Tub Bath	0-1	.012	.012	0 1	81 1	98.8 1.2
0117	Changing Top Sheet	0-3	.037	.110	0 3	81 1	98.8 1.2
0118	Changing Bed Linen Protector/Chux	0-12	3.598	12.663	0 1 2 3 4 5 6 7 8 9 12	13 16 10 15 6 1 7 2 3 12.2 18.3 7.3 8.5 2.4 3.7 1.2 8 9 1 8 9.8	15.9 19.5 12.2 18.3 7.3 1.2 2.4 3.7 1.2 8 9 1 8 9.8

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ADJUSTED FREQ BY % OF CASES	
						ABSOLUTE FREQ BY CASES	% OF CASES
0201	Feeding	0-5	.390	1.154	0	72	87.8
					3	9	11.0
					5	1	1.2
0202	Fluid	0-9	1.390	7.599	0	63	76.8
					1	1	1.2
					3	2	2.4
					4	2	2.4
					6	8	9.8
					8	3	3.7
					9	3	3.7
0203	Snack	0-3	.268	.693	0	74	90.2
					2	2	2.4
					3	6	7.3
0204	Serving Meal Tray, Preparation Required	0-3	.220	.519	0	74	90.2
					1	2	2.4
					2	2	2.4
					3	4	4.9
							5

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES		ADJUSTED FREQ BY % OF CASES
						% OF CASES	% OF CASES	
0205	Special Feeding - Nasogastric	0-3	.037	.110	0	81	98.8	1.2
					3	1		
0206	Special Feeding - Gastrostomy	0-8	.098	.780	0	81	98.8	1.2
					8	1		
0207	Special Feeding - Hyperalimentation, Intravenous	0-4	.159	.357	0	75	91.5	3.7
					1	3		
					2	3		
					4	1		
						1.2		
0208	Measuring & Recording Intake	0-24	8.024	38.271	0	13	15.9	6.1
					1	2		
					3	1		
					4	1		
					6	21	25.6	11.0
					7	5		
					8	9		
					9	8		
					10	5		
								6.1

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
					12	7	8.5
					14	3	3.7
					24	7	8.5
0209	Special Feeding - Nasogastric, Continuous with Infusion Pump	0-6	.268	.915	0	75	91.5
					2	2	2.4
					3	4	4.9
					6	1	1.2
0210	Special Feeding - Nasogastric, Continuous with Gastric Feeding Equipment	0	0	0	0	82	100.0
0211	Serving Meal Tray, No Preparation Required	0-3	.073	.167	0	79	96.3
					1	1	1.2
					2	1	1.2
					3	1	1.2
0301	Measuring and Recording Output - 0-15 Urine	6.244	22.434	0	0	24	29.3
					3	1	1.2
					4	2	2.4
					5	2	2.4

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
			6		14		17.1
			7		2		2.4
			8		8		9.8
			9		3		3.7
			10		7		8.5
			11		7		8.5
			12		7		8.5
			13		1		1.2
			14		2		2.4
			15		2		2.4
					80		97.6
0302	Measuring & Recording Output - Liquid Feces	0-3	.049	.121	0		
					1		1.2
					3		1.2
0303	Measuring & Recording Output - Vomitus	0-3	.085	.153	0		93.9
					1		4.9
					3		1.2
0304	Measuring & Recording Output - Drainage Bottles/All Types	0-36	1.500	36.228	0		89.0
					3		3.7

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES		ADJUSTED FREQ BY % OF CASES
						%	1.2	
0305	Giving a Bedpan	0-6	.256	1.255	0	77	93.9	
					1	1	1.2	
					3	1	1.2	6 <sup>1</sup>
					5	1	1.2	
					6	2	2.4	
0306	Giving a Urinal	0-12	.854	7.238	0	74	90.2	
					5	1	1.2	
					7	1	1.2	
					8	2	2.4	
					10	3	3.7	
					12	1	1.2	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	ADJUSTED FREQ BY % OF CASES	ABSOLUTE FREQ	ADJUSTED FREQ BY % OF CASES
						BY CASES	BY CASES
0307	Incontinent Care	0-23	1.610	16.290	0	65	79.3
			1	1	1.2	1	1.2
			2	3	3.7	3	3.7
			3	1	1.2	1	1.2
			4	1	1.2	1	1.2
			5	1	1.2	1	1.2
			6	1	1.2	1	1.2
			8	1	1.2	1	1.2
			9	1	1.2	1	1.2
			10	2	2.4	2	2.4
			11	3	3.7	3	3.7
			14	1	1.2	1	1.2
			23	1	1.2	1	1.2
0308	Output Weight - Diaper / Bed Linens	0-15	2.756	19.397	0	56	68.3
			3			1	1.2
			5			1	1.2
			6			7	8.5
			8			5	6.1
			9			3	3.7

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	
0401	Mobility - Ambulating First Time	10	1		10	1	1.2	
		11	4		11	4	4.9	
		12	1		12	1	1.2	
		14	2		14	2	2.4	
		15	1		15	1	1.2	
							98.8	
0402	Mobility - Bed to Floor	0-1	.012	.012	0	0	1	1.2
							1	
		0-12	.293	3.469	0	80	87.5	
					12	2	2.4	
0403	Mobility - Bed to Chair	0-20	1.402	13.774	0	69	84.1	
					1	1	1.2	
					6	5	6.1	
					8	1	1.2	
					10	2	2.4	
					12	3	3.7	
					20	1	1.2	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0404	Mobility - Bedside Commode	0	0	0	0	82	100.0
0405	Mobility - Assistance While Walking	0-10	.256	1.773	0	78	95.1
					.2	1	1.2
					3	1	1.2
					6	1	1.2
					10	1	1.2
0406	Mobility - Sitting on Side of Bed	0	0	0	0	82	100.0
0501	Changing Patient's Position in Bed	0-24	7.598	38.268	0	24	29.3
					4	4	4.9
					6	4	4.9
					7	1	1.2
					8	14	17.1
					10	2	2.4
					12	29	35.4
					24	4	4.9
0502	Adjusting Position of Bed	0-15	.659	5.536	0	71	86.6
					1	3	3.7

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
0503	Turning Frame, All Types	0	0	0	0	0	2.4	2.4
0504	Mobility - Bed to Stretcher	0-4	.098	.287	0	79	96.3	2.4
0505	Adjusting Siderail	0-96	15.890	732.988	0	54	65.9	1.2
					9	1		
					12	2		
					14	1		
					16	3		
					24	2		
					48	11	13.4	
					60	1	1.2	

... - MURKIN ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							72.0	2.4
0506	Adjusting Restraint	0-96	7.000	333.457	0	59		
			4		2		2.4	
			6		4		4.9	
			8		3		3.7	
			12		2		2.4	
			16		3		3.7	
			22		1		1.2	
			24		2		2.4	
			32		2		2.4	
			48		1		1.2	
			72		1		1.2	
			96		2		2.4	
0507	Fowlers/Trendelenburg Position	0-6	.195	.826	0	78	95.1	
			3			2	2.4	
			4			1	1.2	
			6			1	1.2	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
0601	Exercise - Active	0-12	.244	2.014	0	78	95.1	
					2	2	2.4	
					4	1	1.2	
					12	1	1.2	
0602	Exercise - Passive	0-24	2.037	25.147	0	66	80.5	
					3	1	1.2	
					4	2	2.4	
					6	4	4.9 <sup>49</sup> / <sub>1</sub>	
					8	1	1.2	
					12	5	6.1	
					16	1	1.2	
					24	2	2.4	
0701	Orientation to Clinical Unit	0-3	.073	.143	0	78	95.1	
					1	3	3.7	
					3	1	1.2	
0702	Explanation of Procedures and Tests	0-12	.744	4.218	0	67	81.7	
					1	3	3.7	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
			2		3	3	3.7
			3		3	3	3.7
			4		1	1	1.2
			6		2	2	2.4
			7		1	1	1.2
			8		1	1	1.2
			12		1	1	1.2
0703	Answering Patient's Question	0-48	8.146	125.188	0	41	50.0
					6	8	9.8
					8	5	6.1
					9	2	2.4
					10	1	1.2
					12	7	8.5
					16	2	2.4
					18	2	2.4
					24	11	13.4
					40	1	1.2
					48	2	2.4

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	9-1
0704	Visiting with Patient/ Purposeful Interaction	0=48	14.402	157.527	0	13	15.9	
					2	2	2.4	
					4	3	3.7	
					6	12	14.6	
					8	5	6.1	
					9	1	1.2	
					12	15	18.3	
					16	3	3.7	
					24	20	24.4	
					32	1	1.2	
					36	2	2.4	
					40	1	1.2	
					48	4	4.9	
0801	Blood Pressure , Manual	0-46	2.134	44.537	0	67	81.7	
					1	1	1.2	
					2	1	1.2	
					6	8	9.8	
					16	2	2.4	
					22	1	1.2	

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

<u>CODE</u>	<u>NURSING ACTIVITY</u>	<u>RANGE</u>	<u>MEAN</u>	<u>VARIANCE</u>	<u>NURSING ACTIVITY FREQ</u>	<u>ABSOLUTE FREQ BY CASES</u>	<u>ADJUSTED FREQ BY % OF CASES</u>
					24	1	1.2
					46	1	1.2
							7-1
0802	Pulse - Radial/Brachial	0-24	.293	7.024	0	81	98.8
					24	1	1.2
0803	Pulse - Apical	0-96	3.878	159.763	0	59	72.0
					1	2	2.4
					3	7	8.5
					4	2	2.4
					5	1	1.2
					6	3	3.7
					12	1	1.2
					16	1	1.2
					22	1	1.2
					24	3	3.7
					46	1	1.2
					96	1	1.2
0804	Respirations	0-96	3.744	149.798	0	59	72.0
					18	2	2.4

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
			3		3	7	8.5
			4		4	2	2.4
			5		5	1	1.2
			6		6	3	3.7
			12		12	1	1.2
			16		16	1	1.2
			22		22	1	1.2
			24		24	3	3.7
			35		35	1	1.2
			96		96	1	1.2
							87.1
0805	Temperature - Oral, Electronic or Mercury	0-16	.341	4.820	0	80	97.6
					12	1	1.2
					16	1	1.2
0806	Temperature - Rectal, Electronic or Mercury	0-15	.220	2.840	0	80	97.6
					3	1	1.2
					15	1	1.2
0807	Temperature - Axillary, Electronic or Mercury	0-24	2.329	19.804	0	58	70.7
					19		

## FREQUENCY/DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	ADJUSTED FREQ BY % OF CASES		
					ABSOLUTE FREQ	BY CASES	
0808	Oral Temperature, Pulse, & Respiration	0-16	.415	4.098	0	77	93.9
					3	2	2.4
					6	2	2.4
					16	1	1.2
0809	Pulse - Pedal/Femoral/ Popliteal	0-36	1.659	46.598	0	77	93.9
					16	1	1.2
					24	2	2.4
					36	2	2.4
0810	Pulse - Doppler	0-60	.732	43.902	0	81	98.8
					60	1	1.2

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
0811	Rectal/Axillary Temperature, Apical, Pulse, & Respiration Rate	0-36	4.232	44.699	0	35	42.7
			1		1	3	3.7
			2		2	1	1.2
			3		3	10	12.2
			4		4	4	4.9
			5		5	2	2.4
			6		6	17	20.7
			7		7	1	1.2
			9		9	1	1.2
			10		10	1	1.2
			12		12	2	2.4
			20		20	1	1.2
			24		24	2	2.4
			30		30	1	1.2
			36		36	1	1.2
							02-1
0901	Abmulatory Weight	0-1	.110	.099	0	73	89.0
					1	9	11.0
1001	Monitor Leads Application/ Exchange	0-6	.683	1.380	0	50	61.0
					1	21	25.6

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ			ADJUSTED FREQ BY % OF CASES
					ABSOLUTE FREQ	BY CASES	% OF CASES	
10002	Rhythm Strip - Monitor	0-24	.524	8.598	0	76	92.7	4.9
					1	2	2.4	4.9
					2	1	1.2	1.2
					4	1	1.2	1.2
					11	1	1.2	1.2
					24	1	1.2	1.2
10003	12 Lead ECG	0-1	.012	.012	0	81	98.8	45.1
					1	1	1.2	1.2
10004	Central Venous Pressure	0	0	0	0	82	100.0	11.0
10005	Heart Sounds Assessment	0-36	4.305	59.992	0	37	37	9

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
							I-22
			2		2	2	2.4
			3		10	12.2	
			4		6	7.3	
			5		1	1.2	
			6		3	3.7	
			7		2	2.4	
			9		1	1.2	
			10		1	1.2	
			12		2	2.4	
			20		1	1.2	
			24		5	6.1	
			30		1	1.2	
			36		1	1.2	
							100.0
1006	Pulmonary Artery Pressure Wedge	0	0	0	0	82	100.0
1007	Pulmonary Artery Pressure	0	0	0	0	82	100.0
1008	Monitoring Reading - Blood Pressure / Heart Rate / Pulmonary Artery Pressure / Central Venous Pressure	0	0	0	0	82	100.0

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1009	Rhythm Strip Measurements	0-24	.524	8.598	0	76	92.7
					1	2	2.4
					2	1	1.2
					4	1	1.2
					11	1	1.2
					24	1	1.2
1010	Rhythm Strip ECG Machine	0	0	0	0	82	100.0
1011	Cardiac Output Measurement	0	0	0	0	82	100.0
1012	Adjusting Cardiac Monitor/ Connecting Leads/Reset Alarm	0-60	7.537	190.301	0	50	61.0
					3	1	1.2
					6	7	8.5
					8	1	1.2
					9	2	2.4
					10	1	1.2
					12	6	7.3
					15	1	1.2
					18	3	3.7

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							1-24	25-36
1101	Pupil Reflexes	0-24	.793	8.636	0	63	4.9	4.9
					1	12	14.6	
					3	3	3.7	
					6	2	2.4	
					8	1	1.2	
					24	1	1.2	
1102	Mental Alertness	0-36	3.561	54.867	0	48	58.5	
					1	9	11.0	
					3	5	6.1	
					4	2	2.4	
					5	1	1.2	
					6	7	8.5	
					9	1	1.2	
					12	2	2.4	
					24	6	7.3	
					36	1	1.2	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES		ADJUSTED FREQ BY % OF CASES
						%	100.0	
1103	Sensory Discrimination	0	0	0	0	0	82	100.0
1104	Orientation	0-6	.085	.449	0	80	97.6	
					1	1	1.2	
					6	1	1.2	
					61	61	74.4	
1105	Motor/Sensory Testing	0-36	1.695	31.178	0	1	9	11.0
					3	4	4.9	
					4	1	1.2	
					6	3	3.7	
					12	1	1.2	
					24	2	2.4	
					36	1	1.2	
					61	61	74.4	
1201	Vital Capacity	0	0	0	0	82	100.0	
1202	Pulmonary Assessment	0-24	3.305	31.844	0	34	41.5	
					1	13	15.9	
					2	2	2.4	

I-25

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	I-26
1301	Nasogastric Tube - Insertion	0-3	.232	.378	0	69	84.1	
					1	9	11.0	
					2	2	2.4	
					3	2	2.4	
1302	Nasogastric Tube - Irrigation	0	0	0	0	82	100.0	
1303	Nasogastric Tube - Removal	0-3	.220	.371	0	70	85.4	
					1	8	9.8	
					2	2	2.4	
					3	2	2.4	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1304	Enema - Cleansing	0	0	0	0	82	100.0
1305	Enema - Retention	0	0	0	0	82	100.0
1306	Colostomy - Irrigation	0	0	0	0	82	100.0
1307	Colostomy - Change Dressing	0	0	0	0	82	100.0
1308	Lavage	0	0	0	0	82	100.0
1309	Paracentesis	0	0	0	0	82	100.0
1310	Dressing Change - Ileostomy/Ileoconduit	0-3	.037	.110	0	81	98.8
1311	Nasogastric Tube - Instillation	0-7	.207	1.080	0	77	93.9
					1	2	2.4
					2	1	1.2
					6	1	1.2
					7	1	1.2

I-27

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1312	Fecal Impaction Assessment/ Removal	0-1	.037	.036	0 1	79 3	96.3 3.7
1313	Endoscopy	0	0	0	0	82	100.0
1315	Proctoscopy	0	0	0	0	82	100.0
1316	Rectal Tube Insertion	0	0	0	0	82	100.0
1317	Rectal Tube Removal	0	0	0	0	82	100.0
1401	Oxygen Administration- Nasal	0-2	.024	.049	0 2	81 2	98.8 1.2
1402	Oxygen Administration - Mask	0-4	.098	.287	0	79	96.3
						2	2.4
						4	1
							1.2

I-28

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1403	Oxygen Administration - Prongs	0	0	0	0	82	100.0
1404	Endotracheal/Tracheostomy Tube Pressure Cuff	0	0	0	0	82	100.0
1406	Chest Tube - Care	0	0	0	0	82	100.0
1407	Chest Tube - Changing Bottles	0	0	0	0	82	100.0
1408	Tracheostomy - Cleaning Cannula	0	0	0	0	82	100.0
1409	Chest Pulmonary Therapy - Frappage with Postural Drainage	0-24	1.317	18.491	0	71	86.6
					2	1	1.2
					4	1	1.2
					6	5	6.1
					12	2	2.4
					24	2	2.4

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	ADJUSTED NURSING ACTIVITY FREQ			ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
					%	MEAN	STDEV		
1411	Suctioning - Oral	0	3.061	46.009	0	60	73.2	6.1	
					1	2	2.4		
					2	3	3.7		
					4	1	1.2		
					6	4	4.9		
					8	2	2.4		
					12	2	2.4		
					15	1	1.2		
					20	2	2.4		
					24	5	6.1		
								82	100.0
1412	Suctioning -Tracheostomy	0	0	0	0	0			
1413	Suctioning - Naso-Tracheal	0-12	.390	2.685	0	74	90.2		
					1	2	2.4		
					2	3	3.7		
					6	2	2.4		

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							%	1.2
1414	Suctioning - Endotracheal	0-24	1.707	32.012	0	74	90.2	1.2
					.4	1		
					12	2		
					20	2		
					24	3		
1415	IPPB Treatment	0	0	0	0	82	100.0	1.2
1416	Respiratory Resuscitation	0-4	.122	.355	0	78	95.2	1.2
					1	1		
					2	1		
					3	1		
					4	1		
1417	Thoracentesis	0	0	0	0	82	100.0	1.2

## DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
1418	Blow Bottles	0-5	.061	.305	0	81	98.8	1.2
					5	1		
1419	Cough and Deep Breathe	0-12	.598	4.787	0	75	91.5	
					4	2	2.4	
					5	1	1.2	
					6	2	2.4	
					12	2	2.4	
1420	Incentive Spirometer	0-6	.073	.439	0	81	98.8	
					6	1	1.2	
1421	Intubation	0-1	.049	.047	0	78	95.1	
					1	4	4.9	
1422	Positioning for X-Ray	0-3	.439	.842	0	65	79.3	
					1	3	3.7	
					2	9	11.0	
					3	5	6.1	

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1423	Tracheostomy - Dressing Change	0-6	.073	.439	0 6	81 1	98.8 1.2
1424	Oxygen Administration - Mist with collar/Face Tent	0	0	0	0	82	100.0
1425	Croup Tent	0	0	0	0	82	100.0
1426	Suctioning - Bulb Syringe	0-18	1.561	12.447	0 1 2 3 4 5 6 9 10 12 18	63 1 2 1 4 5 5 1 1 3 1	76.8 1.2 2.4 1.2 3.7 1.2 6.1 1.2 1.2 3.7 1.2
1427	Maximist Treatment	0-12	.146	1.756	0	81 12	98.8 1.2

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1428	Chest Tube - Insertion	0	0	0	0	82	100.0
1429	Chest Tube - Removal	0	0	0	0	82	100.0
1430	Extubation	0-1	.024	.024	0 1	80 2	97.6 2.4
1431	Bronchoscopy	0	0	0	0	82	100.0
1501	Venipuncture - Blood Sample	0-6	.366	.778	0 1 2 3 6	63 13 4 1 1	76.8 15.9 4.9 1.2 1.2
1502	Venipuncture - Blood Culture	0-2	.098	.163	0 1 2	77 2 3	93.9 2.4 3.7

I-34

## NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1503	Arterial Puncture - Blood Cases	0-18	.805	8.603	0	71	86.6
					1	4	4.9
					2	1	1.2
					3	1	1.2
					7	1	1.2
					8	1	1.2
					10	1	1.2
					14	1	1.2
					18	1	1.2
1504	Intravenous Infusion - Flow Rate	0-96	10.220	283.927	0	45	54.9
					1	2	2.4
					3	1	1.2
					4	3	3.7
					6	1	1.2
					7	2	2.4
					8	1	1.2
					9	1	1.2
					12	2	2.4
					22	2	2.4

I-35

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	98-I
1505	Intravenous Infusion - Initiating	0-24	.756	8.631	0	62	75.6	
					1	13	15.9	
					2	3	3.7	
					3	1	1.2	
					6	1	1.2	
					10	1	1.2	
					24	1	1.2	
1506	Intravenous Infusion - Change IV Bottle	0-6	.878	2.405	0	55	67.1	
					1	10	12.2	
					2	3	3.7	
					3	5	6.1	
					4	5	6.1	
					5	3	3.7	
					6	1	1.2	

## ... ACTIVITIES - PEDIATRICS

		RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1507	Intravenous Infusion - IV Push Medication	0-17	1.280	11.686	0	64	78.0
			1		1	5	6.1
			2		2	2	2.4
			4		2	2	2.4
			5		1	1	1.2
			6		3	3	3.7
			7		1	1	1.2
			12		1	1	1.2
			14		1	1	1.2
			15		1	1	1.2
			17		1	1	1.2
1508	Intravenous Infusion - IV Catheter Care	0-1	.110	.099	0	73	89.0
					1	9	11.0
1509	Intravenous Infusion - Piggy-Back Medication	0-11	.378	2.436	0	76	92.7
					2	1	1.2
					4	3	3.7
					6	1	1.2
					11	1	1.2

## ...-...-...-...-...-...-...-...-

	ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
1609	Soaking Feet	0	0	0	0	0	100.0	
1610	Hot Compress	0-40	.976	38.543	0	80	97.6	
1611	Cold Compress	0-7	.098	.608	0	80	97.6	
1612	Sitz Bath	0	0	0	1	1	1.2	
1613	Surgical Prep, Local	0	0	0	0	82	100.0	24-1
1614	Surgical Prep, 3-Way	0	0	0	0	82	100.0	
1615	Wound Culture	0-4	.061	.206	0	80	97.6	
					1	1	1	1.2
					4	4	1	1.2

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1616	Heat Lamp	0-2	.024	.049	0	81	98.8
					2	1	1.2
1617	Back Rub	0-1	.073	.069	0	76	92.7
					1	6	7.3
1618	Hot Compresses - Continuous Applications	0	0	0	0	82	100.0
1619	Air Floatation/Alternating Pressure Mattress - Application	0-1	.085	.079	0	75	91.5
					1	7	8.5
1620	Isolation, Gowning and Gloving	0-36	1.122	34.479	0	79	96.3
					24	1	1.2
					32	1	1.2
					36	1	1.2
1621	Death Care	0-1	.012	.012	0	81	98.8
					1	1	1.2
1622	Suture or Skin Clip Removal, < 15	0-1	.012	.012	0	81	98.8
					1	1	1.2

\* \* \* \* \* ASSISTING ACTIVITIES - PEDIATRICS

<u>CODE</u>	<u>NURSING ACTIVITY</u>	<u>RANGE</u>	<u>MEAN</u>	<u>VARIANCE</u>	<u>NURSING ACTIVITY FREQ</u>	<u>ABSOLUTE FREQ BY CASES</u>	<u>ADJUSTED FREQ BY % OF CASES</u>
1510	Intravenous/Arterial Infusion- Termination	0-4	.268	.446	0	66	80.5
					1	13	15.9
					2	1	1.2
					3	1	1.2
					4	1	1.2
					1	1	1.2
1511	Intravenous Infusion - Infusion Pump Setup	0-7	.524	1.166	0	56	68.3
					1	18	22.0
					2	4	4.9
					3	2	2.4
					4	1	1.2
					7	1	1.2
1512	Elastic Stockings	0	0	0	0	82	100.0
1513	Ace Bandage	0-2	.024	.049	0	81	98.8
					2	1	1.2
1514	Intravenous Infusion - Blood	0-2	.085	.104	0	76	92.7
					1	5	6.1
					39		

\*\*\*\*\* SUMMARY OF NURSING ACTIVITIES - PEDIATRICS

<u>CODE</u>	<u>NURSING ACTIVITY</u>	<u>RANGE</u>	<u>MEAN</u>	<u>VARIANCE</u>	<u>NURSING ACTIVITY FREQ</u>	<u>ABSOLUTE FREQ BY CASES</u>	<u>ADJUSTED FREQ BY % OF CASES</u>
1515	Intravenous/Arterial Line - Blood Sample	0-18	.512	6.129	0	78	95.1
					7	1	1.2
					8	1	1.2
					9	1	1.2
					18	1	1.2
1516	Arterial Infusion - Transducer Exchange	0	0	0	0	82	100.0
1517	Arterial Infusion - Arterial Line Setup	0	0	0	0	82	100.0
1518	Arterial Infusion - Swan-Ganz Catheter Setup	0	0	0	0	82	100.0
1520	Intravenous Infusion - Platelets/Plasma	0-8	.134	.883	0	80	97.6
					3	1	1.2
					8	1	1.2
1521	External Pacemaker	0	0	0	0	82	100.0
					40		

## NURSING ACTIVITIES - PEDIATRICS

<u>CODE</u>	<u>NURSING ACTIVITY</u>	<u>RANGE</u>	<u>MEAN</u>	<u>VARIANCE</u>	<u>NURSING ACTIVITY FREQ</u>	<u>ABSOLUTE FREQ BY CASES</u>	<u>ADJUSTED FREQ BY % OF CASES</u>
1522	Cardiopulmonary Resuscitation	0	0	0	0	0	100.0
1523	Cardioversion	0	0	0	0	0	100.0
					82	82	
					82	82	
					82	82	
					82	82	
1526	Swan-Ganz Catheter - Initiation	0	0	0	0	82	100.0
1527	Swan-Ganz Catheter - Removal	0	0	0	0	82	100.0
1528	Arterial Line - Initiation	0	0	0	0	82	
1529	Surgical Intravenous Initiation, Cut Down	0	0	0	0	82	100.0
1601	Decubitus Care	0	0	0	0	82	100.0
1602	Skin Care	0-12	.988	8.407	0	70	85.4
					2	1	1.2
					3	5	6.1
					41		

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY N CASES	ADJUSTED FREQ BY % OF CASES
1623	Application of K-Pad	0-7	.110	.642	0 2 7	80 1 1	97.6 1.2 1.2
1701	Eye Care	0-7	.122	.701	0 3 7	80 1 1	97.6 1.2 1.2
1702	Irrigations - Eye	0	0	0	0	82	100.0
1704	Irrigations - Throat	0	0	0	0	82	100.0
1705	Instillation of Drops - Eye	0-6	.073	.439	0 6	81 6	98.8 1.2
1706	Instillation of Drops - Ear	0	0	0	0	82	100.0
1707	Instillation of Drops - Nose	0	0	0	0 45	82 100.0	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1708	Culture - Nose	0	0	0	0	82	100.0
1709	Culture - Throat	0	0	0	0	82	100.0
1710	Culture - Sputum	0	0	0	0	82	100.0
1801	Pin Care	0	0	0	0	82	100.0
1802	Head Tongs Care	0	0	0	0	82	100.0
1803	Bed Cradle	0-3	.037	.110	0	81	98.8
					3	1	1.2
1804	Foot Board	0-1	.012	.012	0	81	98.8
					1	1	1.2
1805	Ice Pack	0	0	0	0	82	100.0
1806	Extremity Traction - Application	0-1	.012	.012	0	81	98.8
					1	1	1.2

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	ACTIVITY FREQ	NURSING FREQ	ADJUSTED	
							ABSOLUTE FREQ BY CASES	FREQ BY % OF CASES
1807	Extremity Elevation	0-12	.146	1.756	0	81	98.8	
					12	1		1.2
1808	Cast Care	0-6	.073	.439	0	81	98.8	
					6	1		1.2
1809	Extremity Traction - Adjust	0-24	.439	8.694	0	80	97.6	
					12	1		1.2
					24	1		1.2
1810	Seizure Care	0	0	0	0	82	100.0	
1811	Circulation Check	0-99	8.061	571.490	0	67	81.7	
					3	2		2.4
					6	1		1.2
					12	2		2.4
					16	1		1.2
					24	2		2.4
					30	1		1.2
					48	1		1.2

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FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
							% OF CASES
1901	Catheterization - Foley	0-1	.012	.012	96	4	4.9
					99	1	1.2
1902	Catheterization - Straight	0	0	0	0	81	98.8
1903	Foley Catheter Care	0-3	.037	.110	0	81	98.8
1904	Urine Specimen - Routine	0-1	.073	.069	0	76	92.7
1905	Urine Specimen - Clean Catch/ Foley	0-6	.183	.546	0	73	89.0
1906	Perineal Care	0	0	0	0	82	100.0

I-47

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
1907	Foley Catheter Removal	0-1	.012	.012	0	81	98.8
					1	1	1.2
1908	Douche	0	0	0	0	82	100.0
1910	Vaginal/Pelvic Examination	0	0	0	0	82	100.0
1911	Urinary Bladder Training	0	0	0	0	82	100.0
1912	Condom Catheter Application	0	0	0	0	82	100.0
1913	Peritoneal Dialysis - Initiation	0	0	0	0	82	100.0
1914	Peritoneal Dialysis - Exchange of Dialysis Solutions	0	0	0	0	82	100.0
1915	Peritoneal Dialysis - Removing Dialysis Catheter	0	0	0	0	82	100.0
1916	Bladder Irrigation	0	0	0	0	82	100.0

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ADJUSTED FREQ BY % OF CASES	
						ABSOLUTE FREQ BY CASES	% OF CASES
2002	Hypothermia/Hyperthermia Treatment	0	0	0	0	82	100.0
2101	Oral Medication	0-9	1.037	5.542	0	64	78.0
					1	2	2.4
					2	4	4.9
					3	2	2.4
					4	1	1.2
					5	2	2.4
					7	2	2.4
					8	4	4.9
					9	1	1.2
2102	Intramuscular Medication	0=4	.341	.573	0	63	76.8
					1	14	17.1
					2	2	2.4
					3	2	2.4
					4	1	1.2
2103	Subcutaneous Medication	0	0	0	0	82	100.0

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FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2104	Suppository, Rectal/ Vaginal	0-2	.171	.267	0 1 2	73 4 5	89.0 4.9 6.1
2105	Topical Medication	0-13	.524	5.388	0 1 8 9 12 13	77 1. 1 1 1 1	93.9 1.2 1.2 1.2 1.2 1.2
2106	Sublingual Medication	0	0	0	0	82	100.0
2201	Bone Marrow Aspiration	0	0	0	0	82	100.0
2202	Lumbar Puncture	0-2	.049	.072	0 1 2	79 1 2	96.3 2.4 1.2
2204	Urine Testing - Protein	0-21	3.146	22.670	0 1	49 3	59.8 3.7

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FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	ADJUSTED	ABSOLUTE FREQ BY CASES	% OF CASES
					FREQ BY CASES		
			3	3	3	3	3.7
			4	1	1	1	1.2
			6	9	9	11	11.0
			7	1	1	1	1.2
			8	3	3	3	3.7
			9	3	3	3	3.7
			10	2	2	2	2.4
			11	3	3	3	3.7
			12	1	1	1	1.2
			14	1	1	1	1.2
			15	2	2	2	2.4
			21	1	1	1	1.2
							56.1
2206	Urine Testing - Specific Gravity	0-21	3.427	23.186	0	46	56.1
					1	3	3.7
					3	3	3.7
					4	1	1.2
					6	11	13.4
					7	1	1.2
					8	3	3.7

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	ADJUSTED FREQ BY % OF CASES		
					NURSING ACTIVITY FREQ	ABSOLUTE FREQ b. CASES	
			9	3	3.7	3.7	
		10	2	2	2.4	2.4	
		11	4	4	4.9	4.9	
		12	1	1	1.2	1.2	
		14	1	1	1.2	1.2	
		15	2	2	2.4	2.4	
		21	1	1	1.2	1.2	
					49	59.8	
22207	Urine Testing - Sugar and Acetone	0-21	3.085	22.005	0		
					1	3	3.7
					3	3	3.7
					4	1	1.2
					6	10	12.2
					7	1	1.2
					8	3	3.7
					9	3	3.7
					10	2	2.4
					11	2	2.4
					12	1	1.2
					14	1	1.2

2207 Urine Testing - Sugar and Acetone

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FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2208	Liver Biopsy	0	0	0	0	82	100.0
2209	Guiacl Testing - Feces / Vomitus/GI Drainage	0-11	1.061	4.848	0	55	67.1
					1	9	11.0
					2	5	6.1
					3	5	6.1
					4	3	3.7
					5	1.	1.2
					6	1	1.2
					9	1	1.2
					10	1	1.2
					11	1	1.2
2210	Collection of Feces Sample	0	0	0	0	82	100.0
2211	Hematocrit	0-5	.659	1.438	0	56	68.3
					1	12	14.6

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							%	1-54
2301	Teaching - Medication Administration	0-2	.073	.118	0	78	95.1	7.3
					1	2	2.4	3.7
					2	2	2.4	4.9
					5	1	1.2	1.2
2302	Teaching - Colostomy Care	0	0	0	0	82	100.0	100.0
2304	Teaching - Urine Testing	0	0	0	0	82	100.0	100.0
2305	Teaching - Blow Bottles / Incentive Spirometer	0-2	.024	.049	0	81	98.8	1.2
2306	Teaching - Dietary Explanation	0-5	.256	.662	0	72	87.8	4.9
					1	1	1	4

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
					2	3	3.7
					3	2	2.4
					5	1	1.2
2307	Teaching - Preoperative Instruction	0-1	.024	.024	0	80	97.6
					1	2	2.4
2308	Teaching - Diagnostic Test	0-1	.024	.024	0	80	97.6
					1	2	2.4
2309	Teaching - Disease/ Condition Related	0-10	2.293	3.740	0	16	19.5
					1	15	18.3
					2	16	19.5
					3	19	23.2
					4	7	8.5
					5	4	4.9
					6	3	3.7
					8	1	1.2
					10	1	1.2

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FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	ADJUSTED FREQ BY % OF CASES		
					NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	%
2311	Teaching - Dressing Change	0-1	.049	.047	0	78	95.1
					1	4	4.9
2312	Teaching - Insulin Administration	0	0	0	0	82	100.0
2313	Teaching - Diabetic	0	0	0	0	82	100.0
2314	Teaching - Ileostomy/ Ileoconduit Care	0	0	0	0	82	100.0
2501	Feeding - Graduated Feeder, Premature	0-9	.427	3.038	0	77	93.9
					4	1	1.2
					6	1	1.2
					8	2	2.4
					9	1	1.2
2502	Feeding - Bottle	0-9	1.707	6.901	0	53	64.6
					1	3	3.7

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							%	15.9
2503	Feeding - Oral-Gastric Tube	0-9	.463	3.116	0	76	92.7	15.9
					2	1	1.2	
					6	2	2.4	
					7	1	1.2	
					8	1	1.2	
					9	1	1.2	
2504	Feeding - Oral-Jejunostomy Tube	0	0	0	0	82	100.0	
2505	Assessing Gastric Residual	0-14	1.232	9.612	0	61	74.4	
					1	8	9.8	
					2	3	3.7	

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							1	1.2
2506	Bubbling Baby, Eructate	0-12	.244	2.508	0	80	97.6 <sup>89</sup> <sub>1</sub>	1.2
					8	1		
					12	1		
2507	Diaper Change	0-24	6.024	25.999	0	28	34.1	
					6	13		15.9
					7	4		4.9
					8	13		15.9
					9	2		2.4
					10	8		9.8
					11			6.1

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ			ADJUSTED FREQ BY % OF CASES
					ABSOLUTE FREQ	FREQ BY CASES	% OF CASES	
2508	Urine Collection Bag - Application	0-6	.220	1.062	0	77	93.9	
					1	2	2.4	
					4	1	1.2	
					6	2	2.4	
2509	Changing Linens, Newborn	0-6	1.537	3.116	0	32	39.0	
					1	20	24.4	
					2	6	7.3	
					3	14	17.1	
					4	2	2.4	
					5	4	4.9	
					6	4	4.9	
2510	Holding - Newborn/Infant	0-24	3.598	18.367	0	34	41.5	
					2	7	8.5	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	ADJUSTED FREQ BY % OF CASES	
					ABSOLUTE REQ BY CASES	ADJUSTED FREQ BY % OF CASES
2511	Radiant Warmer - Application	0-1	.098	.089	0	90.2
					1	8
						9.8
						99-I
2512	Isolette - Application	0-1	.159	.135	0	69
					1	13
						84.1
						15.9
2513	Temperature Regulation - Plastic Wrap Application	0	0	0	0	82
						100.0
2514	Temperature Regulation - K-Pad Application	0-1	.024	.024	0	80
						97.6
						2.4

FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2515	Temperature Probe - Application/Exchange	0-24	2.073	15.921	0	54	65.9
					1	1	1.2
					2	2	2.4
					3	4	4.9
					4	7	8.5
					5	5	6.1
					6	2	2.4
					8	2	2.4
					10	1	1.2
					12	2	2.4
					14	1	1.2
					24	1	1.2
							69.1
2516	Oxyhood - Application/ Replacement	0-48	1.756	82.211	0	79	96.3
					48	3	3.7
2517	Oxygen Analyzer - Utilization	0-72	4.000	148.444	0	70	85.4
					4	1	1.2
					6	1	1.2
					12	2	2.4

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	I-29
2518	Phototherapy Treatment - Application	0-11	.293	2.531	0	78	95.1	
					1	1	1.2	
					3	1	1.2	
					9	1	1.2	
					11	1	1.2	
2519	Abdominal Girth Measurement	0-24	1.476	16.228	0	52	63.4	
					1	13	15.9	
					2	2	2.4	
					3	8	9.8	
					4	2	2.4	
					6	2	2.4	
					12	1	1.2	
					24	2	2.4	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED
							FREQ BY % OF CASES
2520	Chest Measurement	0-2	.317	.269	0	58	70.7
					1	22	26.8
					2	2	2.4
2521	Body Length Measurement	0-1	.280	.204	0	59	72.0
					1	23	28.0
2522	Head Circumference Measurement	0-4	.585	.616	0	44	53.7
					1	32	39.0
					2	3	3.7
					3	2	2.4
					4	1	1.2
2523	Weight - Neonate/Infant	0-2	.707	.284	0	27	32.9
					1	52	63.4
					2	3	3.7
2524	Umbilical Cord - Care	0-8	1.598	6.243	0	49	59.8
					1	12	14.6
					3	3	3.7

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	I-64
			6		6	17	20.7	
			8		8	1	1.2	
2525	Prophylactic Eye Care	0-1	.110	.099	0	73	89.0	
					1	9	11.0	
2526	Blood Pressure, Arteriosonde	0-96	4.927	173.624	0	49	59.8	
					1	3	3.7	
					2	2	2.4	
					3	1	1.2	
					4	8	9.8	
					5	1	1.2	
					6	8	9.8	
					9	1	1.2	
					10	1	1.2	
					12	1	1.2	
					20	1	1.2	
					24	2	2.4	
					30	1	1.2	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
2527	Blood Pressure - Umbilical Artery	0	0	0	36	1	1.2
					48	1	1.2
					96	1	1.2
						82	100.0
2528	Pulmonary Assessment	0-75	2.463	103.116	0	65	79.3
					1	4	4.9
					2	1	1.2
					3	3	3.7
					4	2	2.4
					6	1	1.2
					7	2	2.4
					12	1	1.2
					24	1	1.2
					48	1	1.2
					75	1	1.2
2529	Reflex Assessment, Newborn	0-8	.610	1.599	0	56	68.3
					1	17	20.7
						66	

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ADJUSTED FREQ BY % OF CASES	
						ABSOLUTE FREQ BY CASES	% OF CASES
2530	Blood Sample - Heel Stick	0-12	1.280	6.328	0	53	64.6
					1	11	13.4
					2	4	4.9
					3	2	2.4
					4	2	2.4
					5	3	3.7
					6	2	2.4
					7	2	2.4
					9	1	1.2
					10	1	1.2
					12	1	1.2
2531	Blood Sample - Dextrostick	0-13	1.085	7.289	0	62	75.6
					1	7	8.5
					2	2	2.4
					3	2	2.4

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES
			5		5	3	3.7
			6		6	1	1.2
			7		7	1	1.2
			9		9	1	1.2
			10		10	1	1.2
			12		12	1	1.2
			13		13	1	1.2
2532	Intravenous Infusion - Initiating Scalp Vein	0-6	.171	.563	0	75	91.5
					1	4	4.9
					2	2	2.4
					6	1	1.2
2533	Intravenous/Arterial Infusion - 0-1 Umbilical Cannulation		.037	.036	0	79	96.3
					1	3	3.7
2534	Intravenous/Arterial Infusion - 0-1 Removing Umbilical Catheter		.012	.012	0	81	98.8
					1	1	1.2
2535	Intravenous/Arterial Infusion - 0-1 Transfusion Exchange		.012	.012	0	81	98.8
					1	1	1.2

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## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							%	100.0
2536	Ventricular Tap	0	0	0	0	82		
2537	Bladder Tap	0-2	.037	.060	0	80	97.6	
					1	1	1.2	
					2	1	1.2	
2538	Circumcision	0-1	.049	.047	0	78	95.1	
					1	4	4.9	
2539	Newborn Septic Workup	0-1	.024	.024	0	80	97.6	
					1	2	2.4	
2540	Physical Examination	0-4	.439	.447	0	51	62.2	
					1	28	34.1	
					2	2	2.4	
					4	1	1.2	
2541	Shirt Change	0-9	2.793	8.018	0	33	40.2	
					1	3	3.7	
					2	6	7.3	

## FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							% OF CASES	% OF CASES
2542	Umbilical Cord - Culture	0-1	.024	.024	0	80	97.6	97.6
					1	2	2.4	2.4
2543	Initial Newborn Assessment	0-2	.146	.151	0	71	86.6	86.6
					1	10	12.2	12.2
					2	1	1.2	1.2
2544	Umbilical Cord - Clamp Application/Removal	0-3	.195	.332	0	72	87.8	87.8
					1	5	6.1	6.1
					2	4	4.9	4.9
					3	1	1.2	1.2
2603	Situational Observation	0-1	.098	.089	0	74	90.2	90.2
					1	8	9.8	9.8
					70			

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FREQUENCY DISTRIBUTION OF NURSING ACTIVITIES - PEDIATRICS

CODE	NURSING ACTIVITY	RANGE	MEAN	VARIANCE	NURSING ACTIVITY FREQ	ABSOLUTE FREQ BY CASES	ADJUSTED FREQ BY % OF CASES	
							%	%
2608	Planned Recreational Activity Session	0-6	.268	.915	0	74	90.2	
					1	2	2.4	
					2	2	2.4	
					3	2	2.4	
					4	1	1.2	
					6	1	1.2	
2701	Bowel Sound Assessment	0-24	2.488	19.710	0	36	43.9	
					1	16	19.5	
					3	15	18.3	0
					4	3	3.7	1
					6	4	4.9	
					7	1	1.2	
					8	2	2.4	
					12	3	3.7	
					24	2	2.4	